

2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-27-2005 90001 050 ***150.00
F98000005254

DOCUMENT # F98000005254	
1. Entity Name HEADWATERS RESOURCES, INC.	



Principal Place of Business 10653 S RIVER FRONT PKWY STE 300 SOUTH JORDAN, UT 84095	Mailing Address 10653 S RIVER FRONT PKWY STE 300 SOUTH JORDAN, UT 84095
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
05 JUL -5 AM 10:35
SECRET
FALL 2005



06142005 Chg-P CR2E034 (10/03)

4. FEI Number 87-0619697	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO STEWART, STEVEN G 10653 S RIVER FRONT PKWY STE 300 SOUTH JORDAN, UT 84095 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO DEJU, RAULA 10653 S RIVER FRONT PKWY STE 300 SOUTH JORDAN, UT 84095 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President William H. Gehrman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10653 S. River Front Pkwy, Ste 300 South Jordan, UT 84095
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HATFIELD, HARLAN M 10653 S RIVER FRONT PKWY STE 300 SOUTH JORDAN, UT 84095 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWN, CURTIS J 10653 S RIVER FRONT PKWY STE 300 SOUTH JORDAN, UT 84095 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DAY, JASON T 10653 S RIVER FRONT PKWY STE 300 SOUTH JORDAN, UT 84095 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CURTIS J. BROWN

06/15/05

801-984-9400

City

Daytime Phone #