2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2004 8:00 am
Secretary of State

04-08-2004 90053 018 ***150.00

DOCUMENT # P03000033641

1. Entity Name
HILDEGARD, INC.

66429859

Principal Place of Business	Mailing Address
10 ARROWHEAD DR ORMOND BEACH, FL 32174	10 ARROWHEAD DR ORMOND BEACH, FL 32174
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04212004 Chg-P CR2E034 (10/03)

4. FEI Number 54-2128414 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DEUMELAND, MICHAEL 10 ARROWHEAD DR ORMOND BEACH, FL 32174	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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Michael Deumeland 10 Arrowhead Drive Ormond Beach, FL 32174 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Michael Deumeland Pres. 4-21-4 386-673-6473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

66429859

RAYMOND A. PHELAN
Certified Public Accountant*
and
Certified Financial Planner™

FLORIDA INSTITUTE OF CERTIFIED
PUBLIC ACCOUNTANTS
AND
THE FINANCIAL PLANNING
ASSOCIATION

623 N. GRANDVIEW AVENUE
DAYTONA BEACH, FL 32118-3820

TELEPHONE: (386)252-6556
FAX: (386)252-0808

July 9, 2004

Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314-6198

RE: Hildegard, Inc.
P03000033641

Dear Sir or Madam:

The above referenced corporation received your postcard in regards to "Notice of Intent To Dissolve". This corporation did file and pay the $150 annual fee prior to May 1, 2004 (see attached copy of your letter dated April 12, 2004 and the 2004 Annual Report signed April 21, 2004).

Because the original submission was returned for additional information, we are thinking that the re-submission has not yet gotten into your computers. Please check this out and correspond your findings to the corporation.

Thank you for your consideration in this matter.

Sincerely,

Lynn Snyder
Staff Accountant

LS:sjl
enclosures

cc with enclosures: Hildegard, Inc.

*Licensed by the State of Florida