

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P24075

FILED
Jan 06, 2005
Secretary of State

Entity Name: HARGETT ENTERPRISES, INC.

Current Principal Place of Business:

2431 LOCUST CREEK DR.
EVANSVILLE, IN 47720

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6730
EVANSVILLE, IN 477190730 US

New Mailing Address:

FEI Number: 35-1726773 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VS () Delete
Name: HARGETT, WAYNE S
Address: 2431 LOCUST CREEK DRIVE
City-St-Zip: EVANSVILLE, IN 47720

Title: PD () Delete
Name: HARGETT, DENNIS K
Address: 2431 LOCUST CREEK DR.
City-St-Zip: EVANSVILLE, IN 47720

Title: AS () Delete
Name: WILSON, MOLLIE B
Address: 2431 LOCUST CREEK DR.
City-St-Zip: EVANSVILLE, IN 47720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MOLLIE B. WILSON

AS

01/06/2005

Electronic Signature of Signing Officer or Director

_____ Date