


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P24075 1. Entity Name HARGETT ENTERPRISES, INC.	
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Principal Place of Business 2431 LOCUST CREEK DR. EVANSVILLE, IN 47720	Mailing Address P.O. BOX 6730 EVANSVILLE, IN 47719-0730 US
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**DO NOT WRITE IN THIS SPACE**



01122007 No.Chg-P CR2E034 (11/05)

4. FEI Number 35-1726773	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HARGETT, WAYNE S 2431 LOCUST CREEK DRIVE EVANSVILLE, IN 47720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARGETT, DENNIS K 2431 LOCUST CREEK DR. EVANSVILLE, IN 47720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WILSON, MOLLIE B 2431 LOCUST CREEK DR. EVANSVILLE, IN 47720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000602309  
 01/26/07-80084-013 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Mollie B. Wilson Mollie B. Wilson 1/12/07 812-421-8212  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #