**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)** 

	ANNOAL NE	FORT (AR)	<del></del>	FILED
DOCUME 1. Entity Name	ENT # P9300002814	2		Feb 22, 2005 08:00 AM
HARGREAVE	ES, INC.	N .		Secretary of State
Principal Place of	Business	Mailing Address		
P.O. BOX 1793 ORMOND BEAC	-	P.O. BOX 1793 ORMOND BEACH FL 32	175	
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2. Principal Place	e of Business	3. Mailing Address		
Suite, Apt. #, e	etc.	Suite, Apt #, etc.		1st MOORE CR2E034 (10/04)
City & State		City & State		4. FEI Number 59-3218330 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent
HADOE	DEAVEC IOUNID	-	Name	
108 PE	REAVES, JOHN B ENINSULA WINDS DRIVE IND BY THE SEA		Street Address	s (P.O. Box Number is Not Acceptable)
	IND BY THE SEA		1	
			City	FL Zip Code
	med entity submits this statement for so fregistered agent.	the purpose of changing its re	gistered office or regist	tered agent, or both, in the State of Florida I am familiar with, and accept
_				
SIGNATURE	nature, typed or printed name of registered agent an	d title if applicable	Registered Agent signature requi	red when reinstaling) DATE
After May	NOW!!! FEE IS \$150.00 by 1, 2005 Fee Will Be \$550.00	24-14-		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
After May Make Check Pa	y 1, 2005 Fee Will Be \$550.00 ayable to Florida Department of	ب بالاستان الاستان الا		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
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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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

7 Date