2005 FOR PROFIT CORPORATION
ANNUAL REPORT

☐☐☐☐☐☐☐☐☐ P96000025508

1. Entity Name
ARGENT MANAGEMENT COMPANY

Principal Place of Business	Mailing Address
7916 LINKS WAY PORT SAINT LUCIE, FL 34986 US	P.O. BOX 880009 PORT SAINT LUCIE, FL 34988 US

DO NOT WRITE IN THIS SPACE

01042005   ☐☐☐☐☐☐☐   ☐☐ ☐☐☐☐☐☐☐☐☐☐☐☐

4. FEI Number	Applied For
65-0659418	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** ☐☐☐☐☐☐☐☐ ☐☐☐☐ ☐☐☐☐☐☐

6. Name and Address of Current Registered Agent

HOWARD, PATSY J
7916 LINKS WAY
PORT SAINT LUCIE, FL 34986

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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, 2005 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution.   ☐   **$5.00** ☐☐☐☐☐☐
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10.   OFFICERS AND DIRECTORS

TITLE	CS
NAME	HOWARD, PATSY J
STREET ADDRESS	7916 LINKS WAY
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986
TITLE	PT
NAME	HOWARD, JOE L
STREET ADDRESS	7916 LINKS WAY
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/14/05-80019-009 150.00

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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 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: _Patsy J Howard_   _January 5, 2005_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #