

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 843400

FILED
Jan 07, 2004
Secretary of State

Entity Name: TODD & SARGENT, INC.

Current Principal Place of Business:

620 ARRASMITH TRL
AMES, IA 50010 US

New Principal Place of Business:

Current Mailing Address:

620 ARRASMITH TRAIL
AMES, IA 50010 US

New Mailing Address:

FEI Number: 42-1432171 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPRINGER, DONALD
562 PINE GROVE LANE
NAPLES, FL 33940 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: D () Delete
Name: SARGENT, WARREN B,
Address: 1101 MURRAY DR
City-St-Zip: AMES, IA

Title: DV () Delete
Name: SARGENT, PHILIP B,
Address: 2030 CESSNA
City-St-Zip: AMES, IA

Title: PD () Delete
Name: SARGENT, LEE M,
Address: 1932 BUCHANAN
City-St-Zip: AMES, IA

Title: CFO () Delete
Name: MURPHY, JERRY
Address: 12822 LINCOLN AVE.
City-St-Zip: CLIVE, IA 50325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SARGENT, WARREN B,
Address: 1801-20TH ST., APT. J-33
City-St-Zip: AMES, IA

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: JERRY MURPHY

CFO

01/07/2004

Electronic Signature of Signing Officer or Director

_____ Date