

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 843400

FILED  
Jan 08, 2008  
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:**

2905 S.E. 5TH STREET  
AMES, IA 50010 US

**Current Mailing Address:**

620 ARRASMITH TRAIL  
AMES, IA 50010 US

**New Mailing Address:**

2905 S.E. 5TH STREET  
AMES, IA 50010 US

FEI Number: 42-1432171

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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 (X) Delete  
Name: SARGENT, WARREN B,  
Address: 1801-20TH ST., APT. J-33  
City-St-Zip: AMES, IA

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

Title: CEO ( ) 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

Title: PRES ( ) Delete  
Name: WILLIAM BOKHOVEN,  
Address: 2216 FILMORE AVE.  
City-St-Zip: AMES, IA 50010

**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:

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 exemption stated 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 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

01/08/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date