


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000005175

1. Entity Name
LARSON ENGINEERING, INC.



Principal Place of Business Mailing Address

3524 LABORE ROAD **3524 LABORE ROAD**
WHITE BEAR LAKE, MN 55110 **WHITE BEAR LAKE, MN 55110**

DO NOT WRITE IN THIS SPACE



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number
41-1396375 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRANQUIST, LEE A 3524 LABORE ROAD WHITE BEAR LAKE, MN 55110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PASTORE, JOHN J 40 SHUMAN BLVD., SUITE 275 NAPERVILLE, IL 60563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RAMDULAR, KESH P 3524 LABORE ROAD WHITE BEAR LAKE, MN 55110
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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:  **Lee Granquist-President 1-12-05 651-481-9120**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #