

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006945

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: MANUS PRODUCTS-MINNESOTA, INC.

**Current Principal Place of Business:**

1881 J & C BLVD.  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

1881 J & C BLVD.  
NAPLES, FL 34109

**New Mailing Address:**

FEI Number: 41-0965134      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HOWARD, SHANNON  
1881 J & C BLVD.  
NAPLES, FL 34109    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: CP ( ) Delete  
Name: GREVILLIUS, GARY  
Address: 866 INDUSTRIAL BLVD., W  
City-St-Zip: WACONIA, MN 55387

Title: S ( ) Delete  
Name: GREVILLIUS, JANET  
Address: 866 INDUSTRIAL BLVD., W  
City-St-Zip: WACONIA, MN 55387

Title: V ( ) Delete  
Name: ROBERTSON, DOUG  
Address: 866 INDUSTRIAL BLVD. W  
City-St-Zip: WACONIA, MN 55387

**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:

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: GARY W. GREVILLIUS

CP

04/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date