


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90218 030 ***150.00

DOCUMENT # F93000005760

1. Entity Name
WELLCRAFT MARINE CORP.



Principal Place of Business
**2900 IDS CENTER
 80 SOUTH 8TH STREET
 MINNEAPOLIS, MN 55402**

Mailing Address
**2900 IDS CENTER
 80 SOUTH 8TH STREET
 MINNEAPOLIS, MN 55402**

24069622



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

04282004 Chg-P CR2E034 (10/03)

4. FEI Number
36-3924056

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE	DVP <input type="checkbox"/> Delete
NAME	CLOUTIER, ROGER R II
STREET ADDRESS	2900 IDS CTR, 80 SOUTH 8TH STREET
CITY-ST-ZIP	MINNEAPOLIS, MN 55402
TITLE	DVP <input type="checkbox"/> Delete
NAME	VIGDAL, DAVID M
STREET ADDRESS	2900 IDS CTR, 80 SOUTH 8TH STREET
CITY-ST-ZIP	MINNEAPOLIS, MN 55402
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	OPPEGAARD, GRANT
STREET ADDRESS	2900 IDS CTR, 80 SOUTH 8TH STREET
CITY-ST-ZIP	MINNEAPOLIS, MN 55402
TITLE	VPS <input type="checkbox"/> Delete
NAME	MELBY, JEFFREY E
STREET ADDRESS	2900 IDS CTR, 80 SOUTH 8TH STREET
CITY-ST-ZIP	MINNEAPOLIS, MN 55402
TITLE	P <input checked="" type="checkbox"/> Delete
NAME	SCRUGGS, MICHAEL
STREET ADDRESS	1651 WHITFIELD AVE.
CITY-ST-ZIP	SARASOTA, FL
TITLE	VP <input type="checkbox"/> Delete
NAME	CALLAHAN, STEVE A
STREET ADDRESS	1651 WHITFIELD AVE
CITY-ST-ZIP	SARASOTA, FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAMUELSON, DEAN
STREET ADDRESS	1651 WHITFIELD AVE.
CITY-ST-ZIP	SARASOTA, FL
TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GALLAGHER, GREG
STREET ADDRESS	1651 WHITFIELD AVE.
CITY-ST-ZIP	SARASOTA, FL
TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VANIK, BILL
STREET ADDRESS	1651 WHITFIELD AVE.
CITY-ST-ZIP	SARASOTA, FL
TITLE	CHAUMBERS MATT VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	1651 WHITFIELD AVE.
CITY-ST-ZIP	SARASOTA, FL
TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CURREAN, JOE
STREET ADDRESS	1651 WHITFIELD AVE
CITY-ST-ZIP	SARASOTA, FL
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ **4/30/04** **612-339-7600**

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