
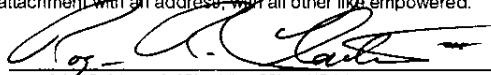


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90152 035 ***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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		4. FEI Number 36-3924056	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent		1st MOORE CR2E034 (10/04)	
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		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 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DVP CLOUTIER, ROGER R II <input type="checkbox"/> Delete	TITLE	o/v/s <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	2900 IDS CTR, 80 SOUTH 8TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	CITY-ST-ZIP	
TITLE	P SAMUELSON, DEAN <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	1651 WHITFIELD AVE.	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	CITY-ST-ZIP	
TITLE	D OPPEGAARD, GRANT <input checked="" type="checkbox"/> Delete	TITLE	D/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Huls, David J.
STREET ADDRESS	2900 IDS CTR, 80 SOUTH 8TH STREET	STREET ADDRESS	2900 IDS Ctr, 80 South 8th Street
CITY-ST-ZIP	MINNEAPOLIS MN 55402	CITY-ST-ZIP	Minneapolis, MN 55402
TITLE	VPS MELBY, JEFFREY E <input type="checkbox"/> Delete	TITLE	Assistant Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	Melby, Jeffery E.
STREET ADDRESS	2900 IDS CTR, 80 SOUTH 8TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	CITY-ST-ZIP	
TITLE	VP GALLAGHER, GREG <input checked="" type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Wainscott, Chris
STREET ADDRESS	1651 WHITFIELD AVE.	STREET ADDRESS	1651 Whitfield Ave.
CITY-ST-ZIP	SARASOTA FL	CITY-ST-ZIP	Sarasota, FL 34243
TITLE	VP CALLAHAN, STEVE A <input checked="" type="checkbox"/> Delete	TITLE	D/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Vigdal, David H.
STREET ADDRESS	1651 WHITFIELD AVE	STREET ADDRESS	2900 IDS Ctr, 80 South 8th Street
CITY-ST-ZIP	SARASOTA FL	CITY-ST-ZIP	Minneapolis, MN 55402
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: 		Date: 4-28-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 612-339-7600	