

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006427

FILED
Apr 25, 2005
Secretary of State

Entity Name: PRIMEVEST INSURANCE AGENCY OF ALABAMA, INC.

Current Principal Place of Business:

400 1ST ST. SOUTH, STE. 300
PO BOX 283
ST. CLOUD, MN 56302

New Principal Place of Business:

Current Mailing Address:

20 WASHINGTON AVE S
RT 1261
MINNEAPOLIS, MN 55401

New Mailing Address:

FEI Number: 41-1786871 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CPD () Delete
Name: RUMMEL-MCCOOL, LEANN R
Address: 6218 KENWOOD RD.
City-St-Zip: ST. CLOUD, MN 56303

Title: S () Delete
Name: MAAS, KEVIN P
Address: 812 9TH ST. N.
City-St-Zip: SARTELL, MN 56377

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: KEVIN P. MAAS

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04/25/2005

Electronic Signature of Signing Officer or Director

_____ Date