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Apr 27, 2004 8:00 am
Secretary of State
04-09-2004 90024 011 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00296

1. Entity Name
GARELICK MFG. CO.

Principal Place of Business	Mailing Address
644 SECOND ST. ST. PAUL PARK, MN 55071	644 SECOND ST. ST. PAUL PARK, MN 55071

DO NOT WRITE IN THIS SPACE

01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
41-0775702
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KOHEN, ROBERT M
7151 - 114TH AVENUE NORTH
SUITE 1500
LARGO, FL 34643

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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, 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	PS
NAME	GARELICK, KENNETH D.
STREET ADDRESS	644 SECOND ST.
CITY-ST-ZIP	ST. PAUL PARK, MN
TITLE	D
NAME	GARELICK, HERBERT J.
STREET ADDRESS	644 SECOND ST.
CITY-ST-ZIP	ST. PAUL PARK, MN
TITLE	V
NAME	GARELICK, RICHARD J
STREET ADDRESS	644 2ND STR
CITY-ST-ZIP	ST PAUL MARK, MN
TITLE	V
NAME	CORONIS, LEWIS H
STREET ADDRESS	644 2ND STR
CITY-ST-ZIP	ST PAUL PARK, MN
TITLE	V
NAME	KOHEN, ROBERT M
STREET ADDRESS	7151 114TH AVENUE NORTH
CITY-ST-ZIP	LARGO, FL 34643
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Lewis H. Coronis 4-20-04 651/452-5082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LEWIS H. CORONIS