


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 30, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00296**  
 1. Entity Name  
**GARELICK MFG. CO.**



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

Mailing Address  
**644 SECOND ST.  
 ST. PAUL PARK, MN 55071**

**DO NOT WRITE IN THIS SPACE**



01112006 No Chg-P CR2E034 (11/05)

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

**CONLEY, DAVID K  
 7151 - 114TH AVENUE NORTH  
 LARGO, FL 34643**

**DO NOT WRITE IN THIS SPACE**

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, 2006 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	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

11000001485100  
 04-12-2006 100070-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Kenneth D. Garelick **KENNETH D. GARELICK** 1/11/06 651-457-9795  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #