


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2008 8:00 am
Secretary of State

04-21-2008 90044 043 ***150.00

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



03112008 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**

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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 reissuing)

**FILE NOW! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	RS
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	MATTHAIDEGG, E. DAVID
STREET ADDRESS	644 2ND STR
CITY- ST- ZIP	SAINT PAUL PARK, MN 55071
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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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** 5/19/08 651-459-9795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #