


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # P12811
 1. Entity Name
 FREMONT INDUSTRIES, INC.



Principal Place of Business Mailing Address
 4400 VALLEY INDUSTRIAL BLVD. N. 4400 VALLEY INDUSTRIAL BLVD. N.
 SHAKOPEE, MN 55379 SHAKOPEE, MN 55379

DO NOT WRITE IN THIS SPACE



03072004 No Chg-P CR2E034 (10/03)

4. FEI Number 41-1548943	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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

U000000092061
 03/18/04-80034-010 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD GRUSS, MARK 4400 VALLEY IND BLVD N SHAKOPEE, MN 55379
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHANG, EDWARD 4400 VALLEY IND BLVD N SHAKOPEE, MN 55379
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPEKMAN, PAUL JR 4400 VALLEY IND BLVD N SHAKOPEE, MN 55379
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCEO SMITH, GREG 4400 VALLEY IND BLVD N SHAKOPEE, MN 55379
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PINCUMBE, MARK 4400 VALLEY IND BLVD N SHAKOPEE, MN 55379
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)(f), 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: 3-11-04 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR