


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90037 035 \*\*\*150.00

DOCUMENT # F06000001979  
1. Entity Name  
ARTHUR A. HIRMAN AGENCY, INC.



Principal Place of Business  
4001 W RIVER PKWY  
ROCHESTER, MN 55907 1

Mailing Address  
P.O. BOX 6887  
ROCHESTER, MN 55903

60006540



01032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 41-0824922	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

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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: Kate D Staffon Kate D Staffon Secretary 01-17-07  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	Vice President
NAME	SNYDER, MIKE
STREET ADDRESS	4001 W RIVER PKWY
CITY-ST-ZIP	ROCHESTER, MN 55907 1
TITLE	D
NAME	<del>SPORN, STEVE</del> Mackin, Paul
STREET ADDRESS	4001 W RIVER PKWY
CITY-ST-ZIP	ROCHESTER, MN 55907 1
TITLE	Secretary
NAME	Staffon, Kate
STREET ADDRESS	4001 W RIVER PKWY
CITY-ST-ZIP	Rochester mn 55901
TITLE	Treasurer
NAME	Staffon, Kate
STREET ADDRESS	4001 W River Parkway
CITY-ST-ZIP	Rochester mn 55901
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: Kate D Staffon 01-17-07 507-285-3111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #