


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 817758 1. Entity Name DAYTON ROGERS CORPORATION	
---	---

Principal Place of Business 7205 30TH AVE NORTH ST. PETERSBURG, FL 33710 US	Mailing Address 8401 W 35W SERVICE DR MINNEAPOLIS, MN 55449 US
---	--



04252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 73-0737087	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 WULFF, DENNIS 7205 30TH AVENUE NORTH ST. PETERSBURG, FL 33710
--

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000552794 05/15/06-80025-015 150.00
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP SEEGER, JOHN W. JR. 8401 W 35W SERVICE DR MINNEAPOLIS, MN 55449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WULFF, DENNIS 7205 30TH AVENUE NORTH SAINT PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SPICZKA, MARK D 8401 W 35W SERVICE DR MINNEAPOLIS, MN 55449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOWRY, RONALD 8401 W 35W SERVICE DR MINNEAPOLIS, MN 55449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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: *Mark D. Spiczka* 4/25/06 763-7126322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #