


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 817758</b>	
1. Entity Name <b>DAYTON ROGERS CORPORATION</b>	

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

DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>73-0737087</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  <b>WULFF, DENNIS 7205 30TH AVENUE NORTH ST. PETERSBURG, FL 33710</b>
---

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 re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--

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	VPGM 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

000000780476  
01/14/08-80023-016 150.00

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:** MARK D. SPICZKA Mark D. Spiczka VEFFINGACE 1/8/08 763-717-6362  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #