

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2005 8:00 am
Secretary of State

07-13-2005 90018 028 ***150.00

DOCUMENT # 819915

1. Entity Name
AMERICAN DAIRY QUEEN CORPORATION



Principal Place of Business

**7505 METRO BLVD
EDINA, MN 55439 --US**

Mailing Address

**7505 METRO BLVD
EDINA, MN 55439 --US**

14018823



DO NOT WRITE IN THIS SPACE

06302005 No Chg-P CR2E034 (10/03)

4. FEI Number
41-0853275

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. 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

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MOOTY, CHARLES
STREET ADDRESS 7505 METRO BLVD.
CITY-ST-ZIP MINNEAPOLIS, MN 55439

TITLE TC
NAME SIMPSON, JAMES
STREET ADDRESS 7505 METRO BLVD
CITY-ST-ZIP MINNEAPOLIS, MN 55439

TITLE VP
NAME WATSON, EDWARD A.
STREET ADDRESS 11030 OREGON AVE., SOUTH
CITY-ST-ZIP BLOOMINGTON, MN

TITLE D
NAME MOOTY, JOHN W.
STREET ADDRESS 6600 DOVRE DIRVE
CITY-ST-ZIP EDINA, MN

TITLE S
NAME **2** MUCCO, WILLIAM
STREET ADDRESS 7505 METRO BLVD.
CITY-ST-ZIP MINNEAPOLIS, MN 55439

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/13/05