

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 829609

1. Entity Name
THE LARSEN'S MANUFACTURING COMPANY



Principal Place of Business
**7421 COMMERCE LANE N.E.
MINNEAPOLIS, MN 55432**

Mailing Address
**7421 COMMERCE LANE N.E.
MINNEAPOLIS, MN 55432**



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-0809914

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**HARTL, COLETTE M
7400 WEST CYPRESS HEAD DR.
PARKLAND, FL 33067**

**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 fee if applicable

(NOTE: Registered Agent signature required when restate)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$850.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000842336
03/11/08-80029-005 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**GM
HARTL, COLETTE M.
7400 W. CYPRESS HEAD DR.
PARKLAND, FL 33067**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PCEO
DAVID W. FUDGE
7400 W CYPRESS HEAD DR
POMPAHO BEACH, FL 33067**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
NYVALL, MARK C
1439 ALPINE PASS
MINNEAPOLIS, MN**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
TILLMAN, GARY A
741 HOLLAND LANE NE
SPRING LAKE PARK, MN**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PDS
FUDGE, JEANNE A
16005 MAKAH ST NW
ANDOVER, MN**

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:

Gary A. Tillman / Gary A. Tillman, U.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/25/08 763-571-1181