## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 07, 2005 08:00 AN Secretary of State

1. Entity Nan	MENT # 854829 FOODS, INCORPORATE	ED		Secretary of Sta
Principal Place of Business 1700 PERIWINKLE WAY SANIBEL, FL 33957		Mailing Address 5101 VERNON AVENUE SOUTH EDINA, MN 55436		
2. Principal F	Place of Business	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01102005 Chg-P CR2E034 (10/03)
City & State		City & State		4, FEI Number Applied For
Zip	Country	Zip	Country	41-0834686 Not Applicable  5. Certificate of Status Desired See Required  5. Certificate of Status Desired Fee Required
6. Name and Address of Current Registered Agent			<del></del>	7. Name and Address of New Registered Agent
			Name	
	BRIAN IWINKLE WAY FL 33957		Street Addres	s (P.O. Box Number is Not Acceptable)
			City	Z <sub>1</sub> p Code
		for the purpose of changing it		FL Zip Code tered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	tions of registered agent.			
	Signature: typed or printed name of registered age	ent and trile if applicable (NO	TE Registered Agent signature requ	red when reinstating) DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550	9. Election Campa Trust Fund Cor		5.00 May Be dded to Fees
10.	<del></del>	ID DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	PC PAULSEN, GERALD A. 6528 CHEROKEE TRAIL EDINA, MN 55439	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000253981 □ Change □ Addition 03/07/05-80055-014 150.00
TITLE NAME STREET ADDRESS	VPHR GERDES, DAVID 715 WINDEMERE DRIVE	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP	PLYMOUTH, MN 55441		CITY-ST-2IP	
NAME STREET ADDRESS CITY-ST-ZIP	VP-F DIXON, KENT D. 100 CLOVER LANE DELANO, MN 55328	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-O GERMAIN ST.,GEORGE 16 ECHO DELLWOOD	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	WHITE BEAR LAKE, FL 55110	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	SHADDUCK, ROBERT CLEARWATER LAKE ANNANDALE, MN 55302	£_1 Delete	NAME STREET ADDRESS CITY-ST-ZIP	口 Criange 口 Appointure
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby of indicated of the corphanged	certify that the information supplied we ignored the control of the report or supplemental report poration or the receiver or trustee error or an attachment with an address	of the tribute of tribute	or the exemption stated in my signature shall have th t as required by Chapter 6 t.	Section 119.07(3)(i), Florida Statutes. I further certify that the information is same legal effect as if made under oath; that I am an officer or director 707. Florida Statutes, and that my name appears in Block 10 or Block 11 if