

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F00000001202

1. Entity Name
ACTIVAR PROPERTIES, INC.



Principal Place of Business
7808 CREEKRIDGE CIRCLE, SUITE 200
MINNEAPOLIS, MN 55439

Mailing Address
7808 CREEKRIDGE CIRCLE, SUITE 200
MINNEAPOLIS, MN 55439

FILED
Apr 19, 2007 08:00 AM
Secretary of State



03232007 No Chg-P CR2E034 (11/05)

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4. FEI Number
41-1752377

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BAKER, JOHN A
5765 CORPORATION CIRCLE
FORT MYERS, FL 33905

**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
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CP
MCNAMARA, RICHARD F
7808 CREEKRIDGE CIRCLE, SUITE 200
MINNEAPOLIS, MN 55439

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
REISSNER, JAMES L
7808 CREEKRIDGE CIRCLE, SUITE 200
MINNEAPOLIS, MN 55439

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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04/30/07-80044-020 150.00

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: JAMES L. REISSNER JAMES L. REISSNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/07
Date

952-944-3533
Daytime Phone #