

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90380 001 ***150.00

40074715



04212006 Chg-P CR2E034 (11/05)

4. FEI Number
41-1763365

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CONTRAX FURNISHINGS
690 N.E. 23RD AVE.
GAINESVILLE, FL 32609

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DCEO	<input type="checkbox"/> Delete
NAME	SHEA, ANDREW S	
STREET ADDRESS	8941 HIDDEN OAKS DR.	
CITY-ST-ZIP	EDEN PRAIRIE, MN	
TITLE	<input checked="" type="checkbox"/> DANIELSON, JEREL K	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	4387 EVERGREEN DR.	
CITY-ST-ZIP	VADNAIS HEIGHTS, MN	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FLINT, RICHARD N	
STREET ADDRESS	1405 COUNTY RD 6	
CITY-ST-ZIP	LONG LAKE, MN	
TITLE	T	<input type="checkbox"/> Delete
NAME	DAHLEN, KEITH T	
STREET ADDRESS	3430 ROSEWOOD LN	
CITY-ST-ZIP	PLYMOUTH, MN	
TITLE	CD	<input type="checkbox"/> Delete
NAME	WILSON, HAROLD K	
STREET ADDRESS	24424 E. CEDAR LAKE DR.	
CITY-ST-ZIP	NEW PRAGUE, MN	
TITLE	<input checked="" type="checkbox"/> WILSON, CHRISTOPHER E	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	14302 STRATFORD RD	
CITY-ST-ZIP	EDEN PRAIRIE, MN	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President, Director (PD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	520 Waycliffe N.	
NAME	Wayzata, MN 55391	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President, Treasurer (V.P.)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-06

Date

952.829.5148

Daytime Phone #

Director
John C. Penn
854 Nine Mile Cove
Hopkins, MN 55343

Vice President
Harry V. Levey
9966 Alabama Rd.
Bloomington, MN 55438

Vice President
Jimmy L. Kline
53 Woodland Circle
Edina, MN 55424

Assistant Treasurer/Secretary
Sarah B. Fjelstul
105 E. Minnehaha Pkwy.
Minneapolis, MN 55419

ATTACHMENT
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