


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000003964 1. Entity Name VIKING COLLECTION SERVICE SOUTHWEST, INC.	
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Principal Place of Business 2075 WEST PINNACLE PEAK RD., STE. 110 PHOENIX, AZ 85027	Mailing Address P.O. BOX 43710 PHOENIX, AZ 85080-3710
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DO NOT WRITE IN THIS SPACE



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number 86-0450950	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JONES, ERNEST M JR. 1958 EDGEWOOD DR. LAKELAND, FL 33803-3471

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO KLOECKNER, GENE 7500 OFFICE RIDGE CIRCLE, STE. 100 EDEN PRAIRIE, MN 55344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KLOECKNER, GENE 7500 OFFICE RIDGE CIRCLE, STE. 100 EDEN PRAIRIE, MN 55344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCPT KLOECKNER, CORY 7500 OFFICE RIDGE CIRCLE, STE. 100 EDEN PRAIRIE, MN 55344
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02/06/04-80086-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	CORY KLOECKNER, PRESIDENT	1/30/04
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>