

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 21, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000003965

1. Entity Name
VIKING COLLECTION SERVICE, INC.



Principal Place of Business
**7500 OFFICE RIDGE CIR., STE. 100
EDEN PRAIRIE, MN 55344**

Mailing Address
**7500 OFFICE RIDGE CIR., STE. 100
EDEN PRAIRIE, MN 55344**



06162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-1226381

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JONES, ERNEST JR.
1958 EDGEWOOD DR.
LAKELAND, FL 33803-3471**

**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 \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	CEOS
NAME	KLOECKNER, GENE
STREET ADDRESS	11322 MT CURVE RD
CITY - ST - ZIP	EDEN PRAIRIE, MN 55347
TITLE	PT
NAME	KLOECKNER, CORY
STREET ADDRESS	10332 MEADE LANE
CITY - ST - ZIP	EDEN PRAIRIE, MN 55347
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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06/21/05-80001-008 558.75

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

952 944 7575