

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F02000006246**

1. Entity Name

**M & J INVESTMENTS OF MINNESOTA, INC.**



Principal Place of Business

**4978 MILLER TRUNK HWY.  
DULUTH MN 55811**

Mailing Address

**4978 MILLER TRUNK HWY.  
DULUTH MN 55811**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**39-1713238**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAYMAN, RICHARD L  
19415 SILVER OAK DRIVE  
FORT MYERS FL 33912**

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CST	<input type="checkbox"/> Delete
NAME	GOLDBERG, DAVID ALLEN	
STREET ADDRESS	4978 MILLER TRUNK HWY.	
CITY - ST - ZIP	DULUTH MN 55811	
TITLE	VCVP	<input type="checkbox"/> Delete
NAME	GOLDBERG, CHERYL B	
STREET ADDRESS	4978 MILLER TRUNK HWY.	
CITY - ST - ZIP	DULUTH MN 55811	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDBERG, DAVID DEAN	
STREET ADDRESS	4711 BAYCLIFFE DRIVE	
CITY - ST - ZIP	EXXCELSIOR MN 55331	
TITLE	D	<input type="checkbox"/> Delete
NAME	OGREN, MARK JOSEPH	
STREET ADDRESS	6076 SCENIC ROAD	
CITY - ST - ZIP	MINNETONKA MN 55345	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDBERG, DARRELL GENE	
STREET ADDRESS	4978 MILLER TRUNK HWY.	
CITY - ST - ZIP	DULUTH MN 55811	
TITLE	D	<input type="checkbox"/> Delete
NAME	OGREN, LORI LYNN	
STREET ADDRESS	3400 AVE. OF THE ARTS #G214	
CITY - ST - ZIP	COSTA MESA CA 92626	

TITLE		<input 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		<input 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

U00000082132  
03/09/04-80017-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*David A. Goldberg*

**DAVID A. GOLDBERG**

**3/5/04**

**218 729-9445**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #