

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000956

FILED
Jan 08, 2004
Secretary of State

Entity Name: HAVTEK STRUCTURAL CONSULTING, LTD. INC.

Current Principal Place of Business:

102 E 2ND STREET
CHASKA, MN 55318

New Principal Place of Business:

5800 BAKER ROAD
200
MINNETONKA, MN 55345

Current Mailing Address:

102 E 2ND STREET
CHASKA, MN 55318

New Mailing Address:

5800 BAKER ROAD
200
MINNETONKA, MN 55345

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERRIN, MICHAEL J
823 N. OLIVE AVE.
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCPT () Delete
Name: HAVLIK, GREGORY
Address: 630 CONESTOGA TRAIL
City-St-Zip: CHANHASSEN, MN 55317

Title: S () Delete
Name: HAVLIK, CYNTHIA A
Address: 630 CONESTOGA TRAIL
City-St-Zip: CHANHASSIN, MN 55317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY J HAVLIK

DCPT

01/08/2004

Electronic Signature of Signing Officer or Director

Date