

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000002877	
1. Entity Name HRST, INC.	

Principal Place of Business 7510 MARKET PLACE DRIVE SUITE 102 EDEN PRAIRIE, MN 55344	Mailing Address 7510 MARKET PLACE DRIVE SUITE 102 EDEN PRAIRIE, MN 55344
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DO NOT WRITE IN THIS SPACE



01262004 No Chg-P CR2E034 (10/03)

4. FEI Number 41-1921279	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRAIG, BRYAN F
300 SCARLETT BLVD.
SUITE F
OLDSMAR, FL 34677

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP KROWECH, ROBERT J 9036 TERRA VERDE TRAIL EDEN PRAIRIE, MN 55347
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VVST FROEMMING, JAMES M 7636 EILEEN STREET EDEN PRAIRIE, MN 55346
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: James M. Froemming - James M. Froemming 1-31-04 952-833-1427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #