

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2007 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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 41-1921279

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

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, 2007 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

TITLE CP ☐ Delete
NAME KROWECH, ROBERT J
STREET ADDRESS 9036 TERRA VERDE TRAIL
CITY-STATE-ZIP EDEN PRAIRIE MN 55347

TITLE VVST ☐ Delete
NAME FROEMMING, JAMES M
STREET ADDRESS 7636 EILEEN STREET
CITY-STATE-ZIP EDEN PRAIRIE MN 55346

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
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STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP
000000599081
01/25/07-80012-018 150.00

☐ Change ☐ Addition
NAME
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☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James M. Froemming 1-19-07
Date

Daytime Phone #

952-833-1427
x 11