

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000003579

1. Entity Name
MISSIONMODE SOLUTIONS, INC.



Principal Place of Business
6230 TENTH AVE., SUITE 220
OAKDALE, MN 55128

Mailing Address
6680 ST. CROIX TRAIL
HASTINGS, MN 55033



02082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2348927

Applied For
Not Applicable

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

5. Name and Address of Current Registered Agent

FETHEROLF, MARK
1090 N OCEAN BLVD
PALM BEACH, FL 33480

**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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

2/9/05
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC COLLINS, THEODORE 6680 ST. CROIX TR HASTINGS, MN 55033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FETHEROLF, MARK 1090 OCEAN BLVD PALM BEACH, FL 33480
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02/15/05-80024-002 158.75

**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

2/9/05
Date

657.331.1280
Daytime Phone #