

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90442 015 ***150.00

DOCUMENT # F03000003937

1. Entity Name
F.C. OF FLORIDA, INC.



Principal Place of Business
6600 FRANCE AVENUE SOUTH STE. 510
EDINA, MN 55435

Mailing Address
6600 FRANCE AVENUE SOUTH STE. 510
EDINA, MN 55435

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04162004

Chg-P

CR2E034 (10/03)

4. FEI Number

20-0086333

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

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
NAME
GARAMELLA, TODD J ☒ Delete
STREET ADDRESS
6600 FRANCE AVENUE SOUTH STE. 510
CITY-ST-ZIP
EDINA, MN 55435

TITLE
NAME
President / CEO ☒ Change ☐ Addition
Dennis I. Simon
STREET ADDRESS
6600 France Ave. S, #510
CITY-ST-ZIP
Edina, MN 55435

TITLE
NAME
T ☐ Delete
VON ARX, GREG
STREET ADDRESS
6600 FRANCE AVENUE SOUTH STE. 510
CITY-ST-ZIP
EDINA, MN 55435

TITLE
NAME
Lisa M. Montague ☐ Change ☒ Addition
Secretary
STREET ADDRESS
6600 France Ave S, #510
CITY-ST-ZIP
Edina, MN 55435

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Greg Von Arx, CEO

4/20/04

952-285-7300

Date

Daytime Phone #