


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90022 014 ***158.75

DOCUMENT # F03000004493			
1. Entity Name CORPORATE PROPERTIES OF MINNESOTA, INC.			
Principal Place of Business 121 S. EIGHTH STREET MINNEAPOLIS MN 55402		Mailing Address 121 S. EIGHTH STREET MINNEAPOLIS MN 55402	
2. Principal Place of Business 1000 TARPON CTR. DR		3. Mailing Address 1000 TARPON CTR. DR.	
Suite, Apt. #, etc. 203		Suite, Apt. #, etc. 203	
City & State VENICE, FLORIDA		City & State VENICE, FLORIDA	
Zip 34285	Country USA	Zip 34285	Country USA
6. Name and Address of Current Registered Agent EDWARDS, SHERYL A ESQ. 1800 SECOND STREET, SUITE 720 SARASOTA FL 34236		7. Name and Address of New Registered Agent 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 Robert E. Prior - ROBERT E. PRIOR - PRESIDENT DATE 3-22-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004: Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVDP PRIOR, ROBERT E 121 S. EIGHTH STREET MINNEAPOLIS MN 55402 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ROBERT E. PRIOR 1000 TARPON CENTER DR #203 VENICE, FLORIDA 34285 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PRIOR, ROBERT E 121 S. EIGHTH STREET MINNEAPOLIS MN 55402 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/TREASURER ROBERT E. PRIOR 1000 TARPON CENTER DR, #203 VENICE, FLORIDA 34285 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Robert E. Prior - ROBERT E. PRIOR - PRESIDENT		Date 3-22-04 Daytime Phone # 612-910-3607	

44040607



MOORE CR2E034 (11/03)

4. FEI Number **41-1503915** Applied For ☐ Not Applicable

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