

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 03, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # F04000004373**

1. Entity Name  
**FULCRUM WHOLE-LIFE PLANNING SERVICES, INC.**



Principal Place of Business

**2307 TIMBERLEA DRIVE  
WOODBURY, MN 55125**

Mailing Address

**2307 TIMBERLEA DRIVE  
WOODBURY, MN 55125**



04282005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**90-0186873**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**PEKEL, JON  
2280 SHEPARD STREET #604  
JACKSONVILLE, FL 32211**

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE C  
NAME JOHNSON, PAUL O  
STREET ADDRESS 1077 SIBLEY MEMORIAL HIGHWAY, UNIT 403  
CITY-ST-ZIP ST. PAUL, MN 55118

TITLE VC  
NAME HEDBERG, PATRICIA  
STREET ADDRESS 1021 LINCOLN AVE.  
CITY-ST-ZIP ST. PAUL, MN 55105

TITLE D  
NAME KNUDSON, L. EDWARD  
STREET ADDRESS 9508 WORDSWORTH AVE.  
CITY-ST-ZIP GIG HARBOR, WA

TITLE D  
NAME LEE, JERRY  
STREET ADDRESS 15805 HOLDRIDGE RD E  
CITY-ST-ZIP WAYZATA, MN 55391

TITLE P  
NAME PEKEL, JON  
STREET ADDRESS 2307 TIMBERLEA DRIVE  
CITY-ST-ZIP WOODBURY, MN 55125

TITLE VP  
NAME MINER, PHILLIP  
STREET ADDRESS 2307 TIMBERLEA DRIVE  
CITY-ST-ZIP WOODBURY, MN 55125

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05/05/05-80035-008 61.25

**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)(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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

4/28/05 263  
249-8840  
Date Daytime Phone #