2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006244

Address:

City-St-Zip:

Entity Name: LINDSTROM CLEANING & CONSTRUCTION, INC

FILED Mar 12, 2008 Secretary of State

	iner Envisori	COM CEE, WING & CONCINC	C11014, 1140.			
Current Principal Place of Business:			New Principal Place of Business:			
	TH AVE. NO. TH, MN 55441					
Current Mailing Address:			New Mailing Address:			
	TH AVE. NO. TH, MN 55441					
FEI Number:	: 41-0847540	FEI Number Applied For ()	FEI Number Not Appl	cable () Certificate of Sta	tus Desired (X)	
Name and	Address of	Current Registered Agent:	Name and	Address of New Registered	Agent:	
1200 SOU	PORATION SY TH PINE ISLA ION, FL 3332	ND ROAD				
	named entity e of Florida.	submits this statement for the p	purpose of changing i	s registered office or registere	ed agent, or both,	
SIGNATUR	RE:					
	Electro	nic Signature of Registered Ag	ent	Date		
Election Car	mpaign Financir	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	DP (HENNEN, ROE 4275 NORMA ST. PAUL, MN	AVENUE	Title: Name: Address: City-St-Zip:	CEO (X) Change () Addition LINDSTROM, RICHARD, MD CEO 2811 WESTWOOD RD WAYZATA, MN 55391		
Title: Name: Address: City-St-Zip:	C (LINDSTROM, I 2811 WESTW WAYZATA, MN	OOD RD	Title: Name: Address: City-St-Zip:	CFO (X) Change () Additional CFO () Additional CF	on	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	P () Change (X) Addition HENNEN, GARY PRES OP 5915 HAMLINE AVE NO SHOREVIEW, MN 55126	on	
Title: Name:	() Delete	Title: Name:	P () Change (X) Additional GRADY, KEVIN PRES SM	on	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

760 APPLEGARDEN RD

MOUND, MN 55364

SIGNATURE: CHARLES LINDSTROM CFO 03/12/2008