


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F05000004430</b>	
1. Entity Name <b>BRONCHO COMPANY</b>	

Principal Place of Business <b>522 WEST 27TH STREET HIBBING, MN 55746</b>	Mailing Address <b>P.O. BOX 126 HIBBING, MN 55746</b>
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04212006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>41-1575719</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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)

000000530908

05/08/06-80001-020 150.00

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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	C RHUDE, JAMES E 2200 EAST 41ST STREET HIBBING, MN 55746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RHUDE, CARY J 11331 DUPONT ROAD HIBBING, MN 55746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRUNS, JAMES A 33374 ARBO HALL ROAD GRAND RAPIDS, MN 55744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RILEY, MICHAEL P 10916 MEADOWLARK LANE HIBBING, MN 55746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARRITY, PATRICK L 914 E. HOWARD STREET HIBBING, MN 55746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patrick L Garrity Treasurer 4-20-06 218-263-8366 x1  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**PATRICK L. GARRITY, TREASURER**