

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000005933

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** QUALITY CULVERT OF WISCONSIN, INC.

**Current Principal Place of Business:**

205 NORTH STREET,  
MARATHON, WI 54448

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 100  
MARATHON, WI 54448

**New Mailing Address:**

**FEI Number:** 39-1907674

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SONNENTAG, JOHN  
25750 CR561  
ASTATULA, FL 34705 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DCPV  
Name: SONNENTAG, JOHN  
Address: PO BOX 435  
City-St-Zip: ASTATULA, FL 34705

Title: ST  
Name: STOEHR, BOB  
Address: PO BOX 100  
City-St-Zip: MARATHON, WI 54448

I hereby 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 all other like empowered.

SIGNATURE: BOB STOEHR

ST

01/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date