

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # F05000007270**

1. Entity Name  
SCOTCHMAN INDUSTRIES, INC.



Principal Place of Business  
180 E. HWY. 14  
PHILIP, SD 57567

Mailing Address  
PO BOX 850  
PHILIP, SD 57567

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**



01182007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 46-0305595	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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

COLLETTE, DONALD  
17611 EAST ST.  
NORTH FT. MYERS, FL 33917

**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 of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/27/07

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	KROETCH, JERRY
STREET ADDRESS	BX 122
CITY-ST-ZIP	PHILIP, SD 57567

TITLE	V
NAME	RISLOV, GERALD
STREET ADDRESS	BX 93
CITY-ST-ZIP	PHILIP, SD 57567

TITLE	ST
NAME	KROETCH, KAREN
STREET ADDRESS	BX 122
CITY-ST-ZIP	PHILIP, SD 57567

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

U00000620521  
02/09/07-80039-017.150.00

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 if changed, or on an attachment with an address, with all other like empowered

**SIGNATURE:**

*Karen Kroetch*

KAREN Kroetch

1-31-07

605 859-2542

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #