

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90030 034 ***150.00

DOCUMENT # F06000001659

1. Entity Name
CARISCH, INC.



Principal Place of Business
**681 E LAKE ST
#262
WAYZATA, MN 55391**

Mailing Address
**681 E LAKE ST
#262
WAYZATA, MN 55391**

40044817



03152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-6020501

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SO. PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 _____

**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 NAME STREET ADDRESS CITY - ST - ZIP	CS CARISCH, GEORGE L 681 E LAKE ST #262 WAYZATA, MN 55391
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCT CARISCH, GERALD F 100 FARM VIEW LANE BOZEMAN, MT 59715
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Page - SEE, JILL 681 E LAKE ST #262 WAYZATA, MN 55391
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARISCH, STACY 681 E LAKE ST #262 WAYZATA, MN 55391
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP STAUBER, FRED 11801 W SILVER SPRING DRIVE #104 MILWAUKEE, WI 53225
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-07
Date

952-473-4291
Daytime Phone #