

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000004798

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** DBS INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

5501 EXCELSIOR BOULEVARD  
MINNEAPOLIS, MN 55416

**New Principal Place of Business:**

**Current Mailing Address:**

5501 EXCELSIOR BOULEVARD  
MINNEAPOLIS, MN 55416

**New Mailing Address:**

**FEI Number:** 41-1360535

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HATCH, JOHN D ESQ.  
1267 BERKSHIRE LANE  
SUITE 200  
TARPON SPRINGS, FL 34688 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:** D  
**Name:** VAN DUSEN, GEORGE C III  
**Address:** 13252 CARDINAL CREEK ROAD  
**City-St-Zip:** EDEN PRAIRIE, MN 55346

**Title:** PS  
**Name:** VAN DUSEN, GEORGE C IV  
**Address:** 9262 BRAXTON DRIVE  
**City-St-Zip:** EDEN PRAIRIE, MN 55347

**Title:** T  
**Name:** DUNIVIN, NANCY S  
**Address:** 1729 6TH STREET NE #104  
**City-St-Zip:** MINNEAPOLIS, MN 55413

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:** NANCY S. DUNIVIN

T

01/05/2011

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

\_\_\_\_\_  
Date