2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 15, 2004 8:00 am Secretary of State

07-15-2004 90003 041 ***550.00

Suite, App #, etc. 2. Principal Place of Business Suite, App #, etc. 2. Principal Place of Business Suite, App #, etc. 3. Mailing Address WNONA, NN 55987 Suite, App #, etc. 3. Mailing Address WNONA, NN 55987 Suite, App #, etc. 3. Mailing Address Suite, App #, etc. 4. EEl Number Address of New Registered Appent Fee Required Address of New Registere	1. Entity Nam	MENT # F94000000 al company	754				07-15-2004	1 90003 04	41 ***5:	50.00
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Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. A, FEI Number A1-0948415 Next Applied For A1-0948415 S. Certificate Suitau Desiring S. Towns and Address of Current Registered Agent T. Name and Address of New Registered Agent Name	2. Principal P	Place of Business	3. Mailing Address							
At 1-0948415 Stort Address Stort	Suite, Apt. #, etc.		Suite, Apt. #, etc.		-					
S. Certificate of Status Desired Fee Required Fee Required Fee	City & State		City & State					——————————————————————————————————————	·	
Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am Familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004 9. Election Campaign Financing Due by September 8, 2004 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE POED OBERTON, WILLARD STREET ADDRESS STREET ADD	Zip	<u> </u>		Countr	γ			Ė	ee Require	
Size Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current F	Registered Agent		.	7. Name and	Address of New R	egistered Ag	ent	
8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, hond or printed marrier of registered agent and little is applicable. (ACTE Registered Agent signature required when namesasing) DATE	526 E. PAI	RK AVENUE		-		(P.O. Box Number	r is Not Acceptable	e)	·	
THE HOUSE STAND DIRECTORS IN THE STAND DIRECTORS IN THE NAME OF BRIDE PROPERTY OF THE PROPERTY				-	•				1	
Signature, typed or primed rame in registered appert and site it applicable. (NOTE: Replaced Appert signature required when nivirating) S\$5.00 May Be	8. The above the obligat	named entity submits this statement for tions of registered agent.	the purpose of changing its	registered	d office or registe	ered agent, or both	n, in the State of Flo	rida. I am far	niliar with,	and accept
Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PCEO	SIGNATURE.	ii Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered	Agent signature require	nd when reinstating)		DATE		
TITLE NAME OBERTON, WILLARD OBERTON, WILLARD OBERTON, WILLARD OBERTON, WILLARD OBERTON, WILLARD OBERTON, WILLARD SIRET ADDRESS CITY-ST-ZIP WINONA, MN 55987 OBERT OBERS CITY-ST-ZIP OBERT ODERSS CITY-ST-ZIP WINONA, MN 55987 OBERT ODERSS CITY-S						5.00 May Be ded to Fees		and the second	u ,	
NAME STREET ADDRESS CITY-ST-ZIP VINONA, MN 55987 CITY-ST-ZIP VINONA, MN 55987 CITY-ST-ZIP NAME LUNDQUIST, NICHOLAS STREET ADDRESS CITY-ST-ZIP VINONA, MN 55987 CITY-ST-ZIP TITLE VP LUNDQUIST, NICHOLAS 165 JAY BEE DRIVE VINONA, MN 55987 CITY-ST-ZIP VINONA, MN 55987 CITY-ST-ZIP TITLE VP LUNDQUIST, NICHOLAS 165 JAY BEE DRIVE VINONA, MN 55987 CITY-ST-ZIP TITLE VP LUNDQUIST, NICHOLAS 165 JAY BEE DRIVE VINONA, MN 55987 CITY-ST-ZIP TITLE VP LUNDQUIST, NICHOLAS 165 JAY BEE DRIVE VINONA, MN 55987 CITY-ST-ZIP TITLE COBD STREET ADDRESS CITY-ST-ZIP VINONA, MN 55987 CITY-ST-ZIP TITLE SD VINONA, MN 55987 CITY-ST-ZIP VINONA, MN 55987 CITY-ST-ZIP TITLE SD SLAGGIE, STEPHEN STREET ADDRESS 1870 RALPH SCHARMER DRIVE VINONA, MN 55987 CITY-ST-ZIP VI	10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFI	ICERS AND D	RECTORS	S IN 11
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	CITY-ST-ZIP	WINONA, MN	thin filling doos not small!	CITY-S	ST-ZIP	110 07(0)	Florido Civil			

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: Danil L. Flomen Dan	1 L. Florness 7/7/04	507-453-873
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #