

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F96000004095

1. Entity Name  
ACTIVAR, INC.



Principal Place of Business  
5765 CORPORATION CIRCLE  
FORT MYERS, FL 33905

Mailing Address  
5765 CORPORATION CIRCLE  
FORT MYERS, FL 33905

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**



03232007 No Chg-P CR2E034 (11/05)

4. FEI Number  
41-1335237

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

BAKER, JOHN  
5765 CORPORATION CIR.  
FORT MYERS, FL 33905

**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  
PC  
MCNAMARA, RICHARD F  
7808 CREEKRIDGE CIRCLE #200  
MINNEAPOLIS, MN 55439

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DST  
REISSNER, JAMES L  
7808 CREEKRIDGE CIRCLE #200  
MINNEAPOLIS, MN 55439

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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04/25/07-80044-011 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES L. REISSNER 4/3/07 952-944-3533

Date

Daytime Phone \*