2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2004
Secretary of State

DOCUMENT# F98000006909

Entity Name: FAGEN, INC. OF MINNESOTA

Current Principal Place of Business:

501 W. HWY. 212
GRANITE FALLS, MN 56241

New Principal Place of Business:

Current Mailing Address:

PO BOX 159
GRANITE FALLS, MN 56241

New Mailing Address:

FEI Number: 41-1604605 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	CCEO	( ) Delete
Name:	FAGEN, ROLAND	
Address:	501 W. HWY. 212	
City-St-Zip:	GRANITE FALLS, MN 56241	
Title:	VD	( ) Delete
Name:	SHELSTA, RANDY	
Address:	501 W. HWY. 212	
City-St-Zip:	GRANITE FALLS, MN 56241	
Title:	CFOD	( ) Delete
Name:	JOHNSON, JENNIFER A	
Address:	501 W. HWY. 212	
City-St-Zip:	GRANITE FALLS, MN 56241	
Title:	STD	( ) Delete
Name:	FAGEN, DIANE K	
Address:	140 SKYLINE DR.	
City-St-Zip:	GRANITE FALLS, MN 56241	
Title:	SVCD	( ) Delete
Name:	WILLMAN, MILTON R	
Address:	501 WEST HWY 212	
City-St-Zip:	GRANITE FALLS, MN 56241	
Title:	COO	( ) Delete
Name:	SHULER, PAUL L	
Address:	501 WEST HWY 212	
City-St-Zip:	GRANITE FALLS, MN 56241	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PCEO	(X) Change ( ) Addition
Name:	FAGEN, ROLAND	
Address:	501 W. HWY. 212	
City-St-Zip:	GRANITE FALLS, MN 56241	
Title:	COO	(X) Change ( ) Addition
Name:	FAGEN, AARON J	
Address:	501 WEST HWY 212	
City-St-Zip:	GRANITE FALLS, MN 56241	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JENNIFER A. JOHNSON CFOD 01/06/2004

Electronic Signature of Signing Officer or Director Date