

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90065 029 \*\*\*158.75

**DOCUMENT # F99000000979**

1. Entity Name  
**FUTURE CHALLENGES, INC.**



Principal Place of Business  
**112 BANNACK PLACE  
MISSOULA, MT 59803**

Mailing Address  
**2222 BROADWATER AVENUE  
BILLINGS, MT 59102**

**40041946**



01162008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**81-0457181**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**KRUELEN, JAN  
3000 TANGLEWOOD PARKWAY  
SEBRING, FL 33872**

**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 reappointing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GREYAK, JOHN P
STREET ADDRESS	112 BANNACK PLACE
CITY-STATE-ZIP	MISSOULA, MT 59803
TITLE	DV
NAME	GREYAK, MARGARET M
STREET ADDRESS	112 BANNACK PLACE
CITY-STATE-ZIP	MISSOULA, MT 59803
TITLE	S
NAME	LINNELL, WAYNE E
STREET ADDRESS	300 4TH STREET NORTH
CITY-STATE-ZIP	GREAT FALLS, MT 59403
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-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: X   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**406**  
**X 1-24-08 251-0337**  
Date Daytime Phone