

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F99000003740**

1. Entity Name  
**SPALJ CONSTRUCTION COMPANY**



Principal Place of Business  
**22360 COUNTY RD.  
DEERWOOD, MN 56444**

Mailing Address  
**PO BOX 428  
DEERWOOD, MN 56444**



01072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**76-0567489**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	SPALJ, J. R.
STREET ADDRESS	COUNTY ROAD 12
CITY - ST - ZIP	DEERWOOD, MN 56444
TITLE	COO
NAME	SPALJ, LUKE
STREET ADDRESS	COUNTY ROAD 12
CITY - ST - ZIP	DEERWOOD, MN 56444
TITLE	V
NAME	ANDERSON, MARK
STREET ADDRESS	COUNTY ROAD 12
CITY - ST - ZIP	DEERWOOD, MN 56444
TITLE	DST
NAME	HADDOX, JAMES H
STREET ADDRESS	1360 POST OAK BLVD SUITE 2100
CITY - ST - ZIP	HOUSTON, TX 770563023
TITLE	VASD
NAME	JENSEN, DERRICK A
STREET ADDRESS	1360 POST OAK BLVD SUITE 2100
CITY - ST - ZIP	HOUSTON, TX 770563023
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000007489  
01/20/04-80025-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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

1/13/04 218-546-6022  
Date Daytime Phone #