

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F99000004919

Entity Name: SAVERS LABELLE, INC.

**FILED**  
**Feb 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4404 BEE RIDGE ROAD  
SARASOTA, FL 34233

**New Principal Place of Business:**

**Current Mailing Address:**

5101 VERNON AVENUE SOUTH  
EDINA, MN 55436

**New Mailing Address:**

FEI Number: 41-1936534

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RENERS, BILL  
4404 BEE RIDGE ROAD  
SARASOTA, FL 34233 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

**OFFICERS AND DIRECTORS:**

Title: C  
Name: PAULSEN, GERALD A  
Address: 7008 DUBLIN RD  
City-St-Zip: EDINA, MN 55439

Title: DPS  
Name: SHADDUCK, ROBERT N  
Address: 5101 VERNON AVENUE SOUTH  
City-St-Zip: EDINA, MN 55436

Title: DV  
Name: DIXON, KENT D  
Address: 3276 30TH ST S.E.  
City-St-Zip: BUFFALO, MN 55313

I hereby 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 all other like empowered.

SIGNATURE: ROBERT SHADDUCK

DPS

02/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date