

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90079 006 ***150.00

DOCUMENT # H88793

1. Entity Name
THOEMKE MANAGEMENT, INC.



Principal Place of Business
**1885 UNIVERSITY AVE
SAINT PAUL, MN 55104 US**

Mailing Address
**PO BOX 4249
SAINT PAUL, MN 55104 US**

40029871



DO NOT WRITE IN THIS SPACE

02072006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2657335

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**THOEMKE, JANA
5790 DIXIE BELL ROAD
PALM BEACH GARDENS, FL 33418**

**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

Jana Theemke

2/20/06

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, 2006 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
**PTSD
THOEMKE, JOSEPH
162 PENNSYLVANIA AVE W
SAINT PAUL, MN 55103**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/06

Date

651-224-0656

Daytime Phone #