2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000031479

1. Entity Name
STRAIT JACKET, INC.

Principal Place of Business	Mailing Address
26924 MCLAUGHLIN BLVD.	225 S. 6TH ST
BONITA SPRINGS, FL 34134 US	SUTIE 4390
	MINNEAPOLIS, MN 55402 US

DO NOT WRITE IN THIS SPACE

01092008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
41-1967183	Not Applicable

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

6. Name and Address of Current Registered Agent

BARRETT, MICHAEL
26924 MCLAUGHLIN BLVD.
BONITA SPRINGS, FL 34134

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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, 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	CPS	
NAME	RANDGAARD, THOMAS	
STREET ADDRESS	225 S. 6TH ST, STE 4390	
CITY-ST-ZIP	MINNEAPOLIS, MN 55402	
TITLE	CFOT	
NAME	BARRETT, MICHAEL	
STREET ADDRESS	225 S. 6TH ST, STE 4390	
CITY-ST-ZIP	MINNEAPOLIS, MN 55402	
TITLE		
NAME		
STREET ADDRESS		
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NAME		
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CITY-ST-ZIP		

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01/15/08-80029-014 150.00

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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: _____   01/09/2008   612-372-0093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #