

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # P00805

1. Entity Name
GREATCLIPS, INC.



Principal Place of Business
7700 FRANCE AVE SO
#425
MINNEAPOLIS, MN 55435-5868

Mailing Address
7700 FRANCE AVE SO
#425
MINNEAPOLIS, MN 55435-5868



02222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-1430345

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR, SUITE 4
WESTON, FL 33331

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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, 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 NAME STREET ADDRESS CITY - ST - ZIP	PCOD OLSEN, RHONDA C 2422 QUAIL CREEK PKW BLAINE, MN 55434
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D YASTROW, SHELBY KROC DR OAKBROOK, IL 60521
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOD BARTON, RAY 5915 CHRISTMAS LAKE RD. EXCELSIOR, MN 55331
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TREND, SANDRA A 8301 W 109TH STREET BLOOMINGTON, MN 55438
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SIMPSON, CHARLES D 2695 KELLY AVE EXCELSIOR, MN 55331
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SRVP WIEBER, DEAN A 6357 OXBOW BEN CHANHASSEN, MN 55317

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03/13/08-80022-017 150.00

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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

Date

Daytime Phone #