

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000043710

FILED
Jun 09, 2004
Secretary of State

Entity Name: TOLLEFSON DEVELOPMENT OF FLORIDA, INC.

Current Principal Place of Business:

1735 E HWY 50
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

17271 KENYON AVENUE
SUITE 103
LAKEVILLE, MN 55044

New Mailing Address:

FEI Number: 55-0788172 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SCHUTT, DARRIN R ESQ
STE C 1105 CAPE CORAL PKWY EAST
CAPE CORAL, FL 33904 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TOLLEFSON, CARL
Address: 17271 KENYON AVENUE STE 103
City-St-Zip: LAKEVILLE, MN 55044

Title: D () Delete
Name: TOLLEFSON, COREY
Address: 17271 KENYON AVENUE STE 103
City-St-Zip: LAKEVILLE, MN 55044

Title: D () Delete
Name: SKURKAY, BONNIE
Address: 17271 KENYON AVENUE STE 103
City-St-Zip: LAKEVILLE, MN 55044

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CARL TOLLEFSON

D

06/09/2004

Electronic Signature of Signing Officer or Director

Date