

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90152 036 \*\*\*150.00

**DOCUMENT # P06495**

1. Entity Name

GENMAR INDUSTRIES, INC.



Principal Place of Business

2900 IDS CTR 80 S 8TH ST  
MINNEAPOLIS MN 55402

Mailing Address

2900 IDS CTR 80 S 8TH ST  
MINNEAPOLIS MN 55402

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number 22-2612772

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DVP	<input type="checkbox"/> Delete
NAME	CLOUTIER, ROGER P II	
STREET ADDRESS	2900 IDS CTR 80 S 8TH ST	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	MILBY, JEFFREY	
STREET ADDRESS	2900 IDS CTR 80 S 8TH ST.	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VIGDAL, DAVID H	
STREET ADDRESS	2900 IDS CTR 80 S 8TH ST	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LOVOLD, LARRY H	
STREET ADDRESS	WEST CENTENNIAL DRIVE POB 248	
CITY-ST-ZIP	NEW YORK MILLS MN 56567	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	O/P/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cloutier, Roger R., II	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Assistant Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Melby, Jeffery E.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Huls, David J.	
STREET ADDRESS	2900 IDS Ctr, 80 S. 8th St.	
CITY-ST-ZIP	Minneapolis, MN 55402	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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

4-28-05

Date

612-339-7600

Daytime Phone #