

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14937

FILED  
May 03, 2005  
Secretary of State

Entity Name: EMA OF MINNESOTA, INC.

**Current Principal Place of Business:**

1970 OAKCREST AVENUE  
ROSEVILLE, MN 55113 US

**New Principal Place of Business:**

**Current Mailing Address:**

1970 OAKCREST AVENUE  
ROSEVILLE, MN 55113 US

**New Mailing Address:**

FEI Number: 41-1467091      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WEHMEYER, MARK G VP  
863 SHRIVER CIR  
LAKE MARY, FL 32746 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PC ( ) Delete  
Name: MATHES, GEORGE A COB,P  
Address: 1970 OAKCRESK AVE., STE 100  
City-St-Zip: SAINT PAUL, MN 55113 US

Title: D ( ) Delete  
Name: COURTNEY, CAROL L DIR  
Address: 368 RAMSEY  
City-St-Zip: SAINT PAUL, MN 55102 US

Title: VD ( ) Delete  
Name: WEHMEYER, MARK G VP  
Address: 2180 WEST S.R. 434, STE 6100  
City-St-Zip: LONGWOOD, FL 327795013 US

Title: VDT ( ) Delete  
Name: YOUNKIN, CLYDE S COO  
Address: 900 NORTHBROOK DR., SUITE 110  
City-St-Zip: TREVISOSE, FL 19053 US

Title: VD ( ) Delete  
Name: BRUECK, TERRANCE M VP  
Address: 1970 OAKCREST AVE., STE 100  
City-St-Zip: SAINT PAUL, MN 55113 US

Title: VP ( ) Delete  
Name: BUCK, KAREN A VP  
Address: 200 COLONIAL LANE  
City-St-Zip: LONGWOOD, FL 32750 US

**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:

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: GEORGE A MATHES

COB

05/03/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date