2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000066090

Address: City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

NEW BRIGHTON, MN 55112

POHL, GERRY

431 S 7TH ST #2470

MINNEAPOLIS, MN 55415

() Delete

FILED Apr 26, 2005 Secretary of State

Entity Na	me: TED GI	_ASRUD ASSOCIA	ATES OF DELAND, FL	, INC.			
Current Principal Place of Business:				New Principal Place of Business:			
	MONTE DR CITY, FL 32	763					
Current Mailing Address:				New Mailing Address:			
	H ST., #2470 LIS, MN 554	15					
FEI Number	: 59-3487729	FEI Number App	lied For() FEI Nu	mber Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
124 TREE), THEODOF MONTE DR. CITY, FL 32						
	named entit e of Florida.	y submits this state	ement for the purpose o	of changing i	ts registere	d office or registered agent, or both,	
SIGNATU	RE:						
Electronic Signature of Registered Agent				Date			
Election Car	npaign Financ	ing Trust Fund Contri	bution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	CD GLASRUD, T 4013 SE FAI STUART, FL	RWAY E		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip: Title:	GLASRUD, T 3634 SE FAI STUART, FL			Title: Name: Address: City-St-Zip: Title:	P (X) Change () Addition GLASRUD, THEODORE G. 3634 SE FAIRWAY EAST STUART, FL 34997 US VP (X) Change () Addition		
Name: Address:	KUEHN, PAUL 1801 RICE CREEK RD		Name: Address:	KUEHN, PAUL 5928 POND VIEW DRIVE			

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.

City-St-Zip:

ST

POHL, GERRY

431 S 7TH ST #2470

Title:

Name:

Address:

City-St-Zip:

SHOREVIEW, MN 55126 US

MINNEAPOLIS, MN 55415 US

(X) Change () Addition

SIGNATURE: GERRY POHL ST 04/26/2005