## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000066090

POHL, GERRY

3317 EDWARD ST. NE

ST. ANTHONY, MN 55418 US

Name:

Address:

City-St-Zip:

Entity Name: TED GLASRUD ASSOCIATES OF DELAND. FL. INC.

FILED Apr 29, 2008 Secretary of State

_many man	e. TED O		7 (140, 12, 1140)				
Current P	rincipal Pla	ce of Business:	New Princ	New Principal Place of Business:			
	MONTE DR CITY, FL 32	763					
Current M	lailing Addr	ess:	New Mailing Address:				
431 S. 7TH MINNEAP	H ST., #2470 OLIS, MN 55	5415					
FEI Number	: 59-3487729	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	)	
Name and	l Address of	Current Registered Agent:	Name and	Address of	New Registered Agent:		
124 TREE	), THEODOF MONTE DR. CITY, FL 32						
	e named entit e of Florida.	y submits this statement for the	purpose of changing i	ts registered	office or registered agent, or b	ooth,	
SIGNATU	RE:						
	Electr	onic Signature of Registered Ag	ent		Date		
Election Car	mpaign Financ	ing Trust Fund Contribution ( ).					
OFFICER	S AND DIRE	CTORS:	ADDITION	IS/CHANGE	S TO OFFICERS AND DIREC	TORS:	
Title: Name: Address: City-St-Zip:	CD GLASRUD, T 4013 SE FAI STUART, FL	RWAY E	Title: Name: Address: City-St-Zip:	P ( GLASRUD, TH 3634 SE FAIF STUART, FL	RWAY EAST		
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	POHL, GERR 3317 EDWAR			
Title: Name: Address: City-St-Zip:	KUEHN, PAU 5928 POND		Title: Name: Address: City-St-Zip:	(	) Change ()Addition		
Title:	ST	(X) Delete	Title:	(	) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: GERRY POHL ST 04/29/2008