

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000001475

Entity Name: D.A.S.I., INC.

Current Principal Place of Business:

600 COON RAPIDS BLVD.
COON RAPIDS, MN 55433

Current Mailing Address:

600 COON RAPIDS BLVD.
COON RAPIDS, MN 55433 US

FEI Number: 41-1389763

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US

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

Officer/Director Detail :

Title PRESIDENT / CEO
Name ZUREK, ROBERT J.
Address 600 COON RAPIDS BLVD.
City-State-Zip: COON RAPIDS MN 55433

Title SECRETARY
Name ZUREK, ROBERT J.
Address 600 COON RAPIDS BLVD.
City-State-Zip: COON RAPIDS MN 55433

Title TREASURER / CFO
Name ZUREK, ROBERT J.
Address 600 COON RAPIDS BLVD.
City-State-Zip: COON RAPIDS MN 55433

Title DIRECTOR
Name ZUREK, KATHLEEN
Address 600 COON RAPIDS BLVD.
City-State-Zip: COON RAPIDS MN 55433

Title COO
Name ZUREK, ROBERT J.
Address 600 COON RAPIDS BLVD.
City-State-Zip: COON RAPIDS MN 55433

Title CEO
Name ZUREK, KATHLEEN
Address 600 COON RAPIDS BLVD.
City-State-Zip: COON RAPIDS MN 55433

Title OWNER
Name ZUREK, KATHLEEN
Address 600 COON RAPIDS BLVD.
City-State-Zip: COON RAPIDS MN 55433

I hereby 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 all other like empowered.

SIGNATURE: ROBERT J. ZUREK

PRESIDENT / CEO

03/27/2025

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date