


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F00000001202 1. Entity Name ACTIVAR PROPERTIES, INC.	
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Principal Place of Business 7808 CREEKRIDGE CIRCLE, SUITE 200 MINNEAPOLIS, MN 55439	Mailing Address 7808 CREEKRIDGE CIRCLE, SUITE 200 MINNEAPOLIS, MN 55439
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01172005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 41-1752377	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAKER, JOHN A  
 5765 CORPORATION CIRCLE  
 FORT MYERS, FL 33905

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP MCNAMARA, RICHARD F 7808 CREEKRIDGE CIRCLE, SUITE 200 MINNEAPOLIS, MN 55439
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST REISSNER, JAMES L 7808 CREEKRIDGE CIRCLE, SUITE 200 MINNEAPOLIS, MN 55439
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 04/09/05-80059-004 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE: 4/6/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRESIDENT**