

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 06, 2006 8:00 am
Secretary of State

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01092006 Chg-P CR2E034 (11/05)

DOCUMENT # F01000001692
 1. Entity Name
NAPA SUPPLY OF GRAND FORKS, INC.



Principal Place of Business
 108 CORTESE RD, BLDG 500
 EGLIN AFB, FL 32542

Mailing Address
 PO BOX 666
 CROOKSTON, MN 56716

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
45-0392554

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GREENIER, JOHNNY
108 CORTESE RD, BLDG 500
EGLIN AFB, FL 32542

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD WALL, LEE PO BOX 666 CROOKSTON, MN <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ENGELSTAD, KELLY 1220 SUNFLOWER ST. CROOKSTON, MN <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Kelly Engelstad <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18375 N Shore Dr SE Erskine, MN 56535
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRADLEY, STEVE 18593 N SHARE DR SE ERSKINE, MN <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAMERON, BOB 101 GOLF TERR CROOKSTON, MN <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALTRINGER, LARRY 18569 390TH ST SE ERSKINE, MN <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [Signature] **4/1/06** **218-281-6392**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #