2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000002933

1. Entity Name
BBC INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
7601 PENN AVE. S TAX DEPT. RICHFIELD, MN 55423	PO BOX 9312 TAX DEPT MINNEAPOLIS, MN 55440

DO NOT WRITE IN THIS SPACE

04132005 No Chg-P CR2E034 (10/03)

4. FEI Number
44-2000251
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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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)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ANDERSON, BRADBURY H
STREET ADDRESS	7601 PENN AVE S
CITY-ST-ZIP	RICHFIELD, MN 55423
TITLE	PD
NAME	LENZMEIER, ALLEN U
STREET ADDRESS	7601 PENN AVE S
CITY-ST-ZIP	RICHFIELD, MN 55423
TITLE	VTD
NAME	JACKSON, DARREN R
STREET ADDRESS	7601 PENN AVE S
CITY-ST-ZIP	RICHFIELD, MN 55423
TITLE	VS
NAME	JOYCE, JOSEPH M
STREET ADDRESS	7601 PENN AVE S
CITY-ST-ZIP	RICHFIELD, MN 55423
TITLE	V
NAME	TILTON, G. MICHAEL
STREET ADDRESS	7601 PENN AVE S
CITY-ST-ZIP	RICHFIELD, MN 55427
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000354693
05/03/05-80118-001 150.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: G Michael Tilton G. Michael Tilton 4/19/05 612/291-4857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #