
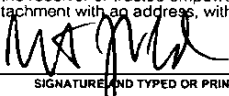


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F05000005899 1. Entity Name GANDER MOUNTAIN COMPANY					
Principal Place of Business 180 EAST FIFTH STREET, SUITE 1300 ST. PAUL, MN 55101			Mailing Address 180 EAST FIFTH STREET, SUITE 1300 ST. PAUL, MN 55101		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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 _____					
Amended AR is \$61.25			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	CD PRATT, DAVID C 180 EAST FIFTH STREET, SUITE 1300 ST. PAUL, MN 55101	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300103511833 05/31/07--01033--022 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO BAKER, MARK R 180 EAST FIFTH STREET, SUITE 1300 ST. PAUL, MN 55101	<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	VCFO VOLD, ROBERT J 180 EAST FIFTH STREET, SUITE 1300 ST. PAUL, MN 55101	<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	V VAZQUEZ, RICHARD J 180 EAST FIFTH STREET, SUITE 1300 ST. PAUL, MN 55101	<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	V CARLIN, ANDREW P 180 EAST FIFTH STREET, SUITE 1300 ST. PAUL, MN 55101	<input checked="" 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	VS JACOBSEN, ERIC C 180 EAST FIFTH STREET, SUITE 1300 ST. PAUL, MN 55101	<input checked="" 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: 		Robert J Vold, VCFO		5-16-07	651-325-4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

FILED

07 MAY 17 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05162007 Chg-P CR2E034 (12/06)

4. FEI Number **41-1990949** Applied For Not Applicable

\$8.75 Additional Fee Required

FL

Zip Code

25/25