## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 19, 2004 08:00 AM Secretary of State DOCUMENT # F99000004223 1. Entity Name M.A. BIELSKI & ASSOCIATES, INC. Principal Place of Business Mailing Address 80 W. 78TH STREET, STE 270A 80 W. 78TH STREET, STE 270A CHANHASSEN, MN 55317 CHANHASSEN, MN 55317 01122004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 41-1740142 Not Applicable \$8.75 Additional 5. Certificate of Status Desired THE RESERVE OF THE PROPERTY OF Fee Required 6. Name and Address of Current Registered Agent GIFFORD, GARY DO NOT WRITE 3401 MYAKKA RIVER RD. TAVARES, FL 32778 IN THIS SPACE 3. 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees U00000118949 OFFICERS AND DIRECTORS 10. me NAME BIELSKI, MARK A STREET ADDRESS 8140 PINEWOOD CIRCLE CTTY-ST-7IP CHANHASSEN, MN TITLE NAME STREET ADDRESS DTY\_57.7P HILE STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE nne NAME STREET ADDRESS CITY-ST-ZP HEF NAME. STREET ADDRESS CITY-ST-ZIP सम NAME

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:

STREET ADDRESS CITY-ST-ZIP

SIGNMURE AND TYPED OR PRINTED NAME OF SIGN

4/14/04 952-937-5337

**FILED**