2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 08:00 AM
Secretary of State

DOCUMENT # 848165

1. Entity Name
VERNDALE PRODUCTS, INC.

Principal Place of Business	Mailing Address
8445 LYNDON DETROIT, MI 48238	8445 LYNDON DETROIT, MI 48238

07112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-1598923
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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 LaVerne E Johnson 7/18/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

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

U00000770033
07/23/07-80005-017 550.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JOHNSON, LAVERNE E.
STREET ADDRESS	1000 THREE MILE
CITY-ST-ZIP	GROSSE POINTE, MI
TITLE	TD
NAME	JOHNSON, MARLENE I.
STREET ADDRESS	1000 THREE MILE
CITY-ST-ZIP	GROSSEE POINTE, MI
TITLE	VD
NAME	JOHNSON, DALE
STREET ADDRESS	975 MADISON
CITY-ST-ZIP	BIRMINGHAM, MI
TITLE	SD
NAME	LILLIE, CHARLES
STREET ADDRESS	280 WOODWARD, SUITE 300
CITY-ST-ZIP	BIRMINGHAM, MI
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: LaVerne E Johnson 7/18/07 313-884-0344
LaVerne E. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #