

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90039 032 \*\*\*150.00

<b>DOCUMENT # 849848</b>	
1. Entity Name <b>OWEN-AMES-KIMBALL CO.</b>	
<i>Tonia</i>	
Principal Place of Business <b>300 <del>ONE</del> AVE N W GRAND RAPIDS, MI 49503</b>	Mailing Address <b>11941 FAIRWAY LAKES DR. FT. MYERS, FL 33913-8338</b>



01082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>38-0900420</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>SHIMP, STEVEN C 11941 FAIRWAY LAKES DR SUITE #102 FT. MYERS, FL 33913</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHOONVELD, WILLIAM 3389 SANDY BEACH WAYLAND, MI 49348 <i>49348</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIMP, STEVEN C. 822 CYPRESS LANE CIRCLE FORT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEALY, THOMAS M 9420 ALGOMA ROCKFORD, MI 49341 <i>49341</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LA BARGE, JOHN C JR 7264 TORY DR HUDSONVILLE, MI 49426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIEBER, RONALD L. 5421 FRONT STREET NEWAYGO, MI 49337
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 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: *John C. LaBarge Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*John C. LaBarge Jr., Treasurer*

*1/13/04 (616) 456-1521*