


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2005 08:00 AM
Secretary of State

DOCUMENT # 858039
 1. Entity Name
LAUTREC MANAGEMENT COMPANY



Principal Place of Business _____ Mailing Address _____
31550 NORTHWESTERN HWY #200 **31550 NORTHWESTERN HWY #200**
FARMINGTON HILLS, MI 48334 **FARMINGTON HILLS, MI 48334**

DO NOT WRITE IN THIS SPACE



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number 38-2098021	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 \$550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PARTRICH, SPENCER M.
STREET ADDRESS	31550 NORTHWESTERN HWY
CITY-ST-ZIP	FARMINGTON HILLS, MI
TITLE	D
NAME	SHAPIRO, MICKEY
STREET ADDRESS	31550 NORTHWESTERN HWY
CITY-ST-ZIP	FARMINGTON HILLS, MI
TITLE	P
NAME	GALBRAITH, JAMES
STREET ADDRESS	31550 NORTHWESTERN HWY
CITY-ST-ZIP	FARMINGTON HILLS, MI
TITLE	V
NAME	THOMPSON, RALPH
STREET ADDRESS	31550 NORTHWESTERN HWY
CITY-ST-ZIP	FARMINGTON HILLS, MI
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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1100000372973
 07/15/05-80004-023 550.00

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: X _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #