


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 23, 2007 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



01162007 No Chg-P CR2E034 (11/05)

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

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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, 2007 Fee will be \$550.00

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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 05/01/07-80147-003 150.00

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 reports 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: *SPENCER M. PARTRICH, A DIRECTOR* **4/16/07** **248-2700**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #