


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 26, 2004 8:00 am**  
**Secretary of State**

07-26-2004 90008 045 \*\*\*150.00

**DOCUMENT # F02000004164**

1. Entity Name  
**PROCTOR HOMER WARREN, INC.**



Principal Place of Business  
**295 KIRTS BLVD., STE. 100  
 TROY, MI 48084**

Mailing Address  
**295 KIRTS BLVD., STE. 100  
 TROY, MI 48084**

**44049806**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

07152004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number  
**38-1457868**

Applied For  
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIKET, ANDREW G ESQ  
 1100 FIFTH AVENUE SOUTH, STE. 301  
 NAPLES, FL 34102**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME  Delete  
**PROCTOR, THOMAS W**  
 STREET ADDRESS **335 SYCAMORE COURT**  
 CITY-ST-ZIP **BLOOMFIELD, MI 48302**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**VPST GLANTZ, PAUL A**  
 STREET ADDRESS **2842 COLONIAL TRAIL**  
 CITY-ST-ZIP **FLOOMFIELD HILLS, MI 48304**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**VP SCHICKEL, KAREN I**  
 STREET ADDRESS **7964 DETROIT BLVD.**  
 CITY-ST-ZIP **WEST BLOOMFIELD, MI 48323**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**VP KOMAR, PAULA A**  
 STREET ADDRESS **1816 APPLE RIDGE COURT**  
 CITY-ST-ZIP **ROCHESTER HILLS, MI 48306**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**VP BUTLER, CRAIG D**  
 STREET ADDRESS **15036 KNOLSON**  
 CITY-ST-ZIP **LIVONIA, MI 48153**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

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:** *Paul A Glantz*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/15/04 (248)269-5750*  
 Date Daytime Phone #