# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 23, 2009**
**Secretary of State**

DOCUMENT# F08000004956

**Entity Name:** COLLEGE PARK INDUSTRIES, INC.

**Current Principal Place of Business:**

17505 HELRO DR
FRASER, MI 48026

**New Principal Place of Business:**

**Current Mailing Address:**

17505 HELRO DR
FRASER, MI 48026

**New Mailing Address:**

**FEI Number: 38-2815389** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete
Name: MCKENNA, SIDNEY
Address: 1173 BANBURY CIRCLE
City-St-Zip: BLOOMFIELD HILLS, MI 48302

Title: D ( ) Delete
Name: BEARDSLEE, DANIEL
Address: 32324 NESTLEWOOD
City-St-Zip: FARMINGTON HILLS, MI 48334

Title: D ( ) Delete
Name: BONNER, JOHN
Address: 239 PINEY HILL
City-St-Zip: OAKLAND, MI 48363

Title: D ( ) Delete
Name: GLICKMAN, STEVEN DPM
Address: 4821 PARK HILL CT
City-St-Zip: WEST BLOOMFIELD, MI 48323

Title: P ( ) Delete
Name: WICKER, JOSEPH M
Address: 20613 CHALON
City-St-Zip: ST CLAIR SHORES, MI 48080

Title: S ( ) Delete
Name: SCHEY, MICHAEL DPM
Address: 2922 WOODLAND RIDGE
City-St-Zip: WEST BLOOMFIELD, MI 48326

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH M. WICKER P 03/23/2009

Electronic Signature of Signing Officer or Director Date