2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004542

Entity Name: WOLVERINE FIRE PROTECTION CO.

FILED Feb 25, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
8067 N. DORT HWY MT MORRIS, MI 48458					
Current Mailing Address:			New Mailing Address:		
P.O. BOX 219 MT MORRIS, MI 48458					
FEI Number: 3	38-1797318	FEI Number Applied For () FEI Num	nber Not Applic	licable () Certificate of Status Desired ()	
Name and	Address of Cเ	ırrent Registered Agent:	Name and	Address of New Registered Agent:	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US					
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:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	C ()[CORCORAN, ED 8067 N. DORT H MT MORRIS, MI	WY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD () E CORCORAN, MA 8067 N. DORT H MT MORRIS, MI	WY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () E CORCORAN, LUI 8067 N. DORT H MT MORRIS, MI	WY	Title: Name: Address: City-St-Zip:	S (X) Change () Addition CORCORAN, THOMAS 8067 N. DORT HWY MT MORRIS, MI 48458	
Title: Name: Address: City-St-Zip:	VD () [CORCORAN, PA 8067 N. DORT H MT MORRIS, MI	WY	Title: Name: Address: City-St-Zip:	V (X) Change () Addition CORCORAN, PAUL 8067 N. DORT HWY MT MORRIS, MI 48458	
Title: Name: Address: City-St-Zip:	V ()[CORCORAN, STI 8067 N. DORT H MT MORRIS, MI		Title: Name: Address: City-St-Zip:	VD (X) Change () Addition CORCORAN, STEVEN F 8067 N. DORT HWY MT MORRIS, MI	
Title: Name: Address: City-St-Zip:	V ()[CORCORAN, MA 8067 N. DORT H MT MORRIS, MI	WY	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: AMY L. CORCORAN

TREA

02/25/2005