

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004542

FILED
Feb 22, 2008
Secretary of State

Entity Name: WOLVERINE FIRE PROTECTION CO.

Current Principal Place of Business:

8067 N. DORT HWY
MT MORRIS, MI 48458

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 219
MT MORRIS, MI 48458

New Mailing Address:

FEI Number: 38-1797318

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR, SUITE A
TALLAHASSEE, FL 32301 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: CEO () Delete
Name: CORCORAN, EDWARD
Address: 8067 N. DORT HWY
City-St-Zip: MT MORRIS, MI 48458

Title: PD () Delete
Name: CORCORAN, MARTIN L
Address: 8067 N. DORT HWY
City-St-Zip: MT MORRIS, MI 48458

Title: S () Delete
Name: CORCORAN, THOMAS
Address: 8067 N. DORT HWY
City-St-Zip: MT MORRIS, MI 48458

Title: V () Delete
Name: CORCORAN, PAUL
Address: 8067 N. DORT HWY
City-St-Zip: MT MORRIS, MI 48458

Title: TREA () Delete
Name: SHANKS, AMY L
Address: 8067 N. DORT HWY
City-St-Zip: MT MORRIS, MI 48458

Title: V () Delete
Name: CORCORAN, MARK W
Address: 8067 N. DORT HWY
City-St-Zip: MT MORRIS, MI 48458

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: AMY L SHANKS

TREA

02/22/2008

Electronic Signature of Signing Officer or Director

_____ Date