

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

2007 NOV 26 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J64114

1. Entity Name
SAGINAW PROPERTIES, INC.



Principal Place of Business

2825 BAY ROAD STE 100
SUITE 100
SAGINAW, MI 48603

Mailing Address

2825 BAY ROAD STE 100
SUITE 100
SAGINAW, MI 48603

REINSTATEMENT 07



07242007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2787623

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MILLER, LARRY
8500 FAIRWAY BEND
FORT MYERS, FL 33912

**DO NOT WRITE
IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating.

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[D
MILLER, LARRY C.
2825 BAY RD #100.
SAGINAW, MI 48603

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 5/17

X 9847902617

11/29@