DOCUMENT# F07000002324
Entity Name: HIGHSTREET INSURANCE SERVICES GREAT LAKES INC.

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

305 W. FRONT ST., #201 TRAVERSE CITY, MI 49684

Current Mailing Address:

305 W. FRONT ST., #201 TRAVERSE CITY, MI 49684 US

FEI Number: 35-2171610

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC. 2894 REMINGTON GREEN LANE SUITE A TALLAHASSEE, FL 32308 US FILED Apr 08, 2024 Secretary of State 5887386573CC

Certificate of Status Desired: No

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:

Name

Address

Electronic Signature of Registered Agent

Officer/Director Detail :

Officer/Director Detail :				
Title	PRESIDENT	Title	VP	
Name	MUTH, DENNIS J	Name	MCGREGOR, STEVE W	
Address	305 W. FRONT ST., #201	Address	305 W. FRONT ST., #201	
City-State-Zip:	TRAVERSE CITY MI 49684	City-State-Zip:	TRAVERSE CITY MI 49684	
Title	VP	Title	CEO	
Name	PAULUS, RAQUEL	Name	WICK, SCOTT M	
Address	305 W. FRONT ST., #201	Address	305 W. FRONT ST., #201	
City-State-Zip:	TRAVERSE CITY MI 49684	City-State-Zip:	TRAVERSE CITY MI 49684	
Title	CFO, TRES	Title	VP	
Name	TUIT, DAVID J	Name	WESTMAN, DONN S	
Address	305 W. FRONT ST., #201	Address	305 W. FRONT ST., #201	
City-State-Zip:	TRAVERSE CITY MI 49684	City-State-Zip:	TRAVERSE CITY MI 49684	
Title	COO & SECY			

I hereby 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 all other like empowered.

SIGNATURE: DENNIS J MUTH

GOODREAU, SCOTT W

305 W. FRONT ST., #201

City-State-Zip: TRAVERSE CITY MI 49684

PRESIDENT

04/08/2024

Date

Electronic Signature of Signing Officer/Director Detail

Date