

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000004235

**Entity Name:** BELLEFEUIL, SZUR AND ASSOCIATES, INC.

**Current Principal Place of Business:**

14965 ABBEY LANE  
BATH, MI 48808

**FILED**  
**Apr 27, 2019**  
**Secretary of State**  
**4602274357CC**

**Current Mailing Address:**

14965 ABBEY LANE  
BATH, MI 48808 US

**FEI Number: 38-3024767**

**Certificate of Status Desired: No**

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

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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

**Officer/Director Detail :**

Title            CEO  
Name            SZUR, TOM  
Address        14965 ABBEY LANE  
City-State-Zip: BATH MI 48808

Title            DIRECTOR  
Name            SZUR, TOM  
Address        14965 ABBEY LANE  
City-State-Zip: BATH MI 48808

Title            DIRECTOR  
Name            TAYLOR, JEFF  
Address        14965 ABBEY LANE  
City-State-Zip: BATH MI 48808

Title            SECRETARY  
Name            TAYLOR, JEFF  
Address        14965 ABBEY LANE  
City-State-Zip: BATH MI 48808

Title            TREASURER  
Name            TAYLOR, JEFF  
Address        14965 ABBEY LANE  
City-State-Zip: BATH MI 48808

Title            DIRECTOR  
Name            HARRYMAN, CHAD  
Address        14965 ABBEY LANE  
City-State-Zip: BATH MI 48808

Title            DIRECTOR  
Name            GIESSEN, TIMOTHY  
Address        14965 ABBEY LANE  
City-State-Zip: BATH MI 48808

Title            VP  
Name            GIESSEN, TIMOTHY  
Address        14965 ABBEY LANE  
City-State-Zip: BATH MI 48808

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*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: TOM SZUR**

**CEO**

**04/27/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           CHAIRMAN  
Name           BELLEFEUIL, JAMES  
Address        14965 ABBEY LANE  
City-State-Zip: BATH MI 48808