

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 509700

1. Entity Name
ALJOMA LUMBER, INC.



Principal Place of Business
**10300 NW 121 WAY
MEDLEY, FL 33178**

Mailing Address
**2801 E BELTLINE, NE
GRAND RAPIDS, MI 49525**



04222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1682313

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PETERS, ALLEN T
10300 NW 121 WAY
MEDLEY, FL 33178**

**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
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	COLE, MICHAEL R
STREET ADDRESS	2801 E BELTLINE NE
CITY-ST-ZIP	GRAND RAPIDS, MI 49525
TITLE	P
NAME	GREENE, CHARLES S
STREET ADDRESS	5200 HWY 138 STE 200
CITY-ST-ZIP	UNION CITY, GA 30291
TITLE	SD
NAME	MISSAD, MATTHEW J
STREET ADDRESS	2801 E BELTLINE NE
CITY-ST-ZIP	GRAND RAPIDS, MI 49525
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000927129
05/20/08-80093-020 150.00

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael R. Cole

4/28/08

Date

616-364-6161

Daytime Phone #