

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jul 13, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 809782**

1. Entity Name  
**MUTUAL OF DETROIT INSURANCE COMPANY**



Principal Place of Business  
**333 PLYMOUTH ROAD  
BOX # 500  
PLYMOUTH, MI 48170**

Mailing Address  
**333 PLYMOUTH ROAD  
BOX # 500  
PLYMOUTH, MI 48170**



**DO NOT WRITE IN THIS SPACE**

07062004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**38-0480186**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**TARDONIA, GEORGE J  
120 SE 26TH AVENUE  
BOYTON BEACH, FL 33435**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEC IS \$150.00 Due by September 8, 2004

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 HUGHES, H. H. 5800 HOOVER AVE. INDIAN TRAIL, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOVE, J.M. 22500 DEVRON CT NOVI, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, R.J. 111 MILFORD MEADOWS MILFORD, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD BLUE, D. M. 18320 LARAUGH DRIVE. NORTHVILLE, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD KNIGHT, JEFFREY A 4855 NORTHGATE DR ANN ARBOR, MI 48103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRAVIS, RAYMOND E 19304 OLD BRIDGE COURT NORTHVILLE, MI 48167

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07/13/04-80007-009 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: J. A. Knight **J. A. Knight** 7-6-2004 7344538500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone