


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 08:00 A
Secretary of State

DOCUMENT # 828414	
1. Entity Name FOREMOST FINANCIAL SERVICES CORPORATION	

Principal Place of Business 5600 BEECH TREE DRIVE GRAND RAPIDS, MI 49316 US	Mailing Address 5600 BEECH TREE DRIVE P O BOX 2450 GRAND RAPIDS, MI 49501-2450
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DO NOT WRITE IN THIS SPACE



03022007 No Chg-P CR2E034 (11/05)

4. FEI Number 73-0462770	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

**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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEPPER, JEFFREY L 5600 BEECH TREE LANE CALEDONIA, MI 49316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOSHOVEN, STEPHEN J 5600 BCH TREE LANE CALEDONIA, MI 49316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MOUNTZ, HUBERT 4680 WILSHIRE BLVD LOS ANGELES, CA 90010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HOHL, DOREN E 4680 WILSHIRE BLVD LOS ANGELES, CA 90010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P WLOUDSTRA, ROBERT F 5600 BEECH TREE LANE CALEDONIA, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRIZZOLARA, JOSEPH A 5600 BEECH TREE LANE CALEDONIA, MI

U00000677308
03/30/07-80098-015 150.00

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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:  **Jeffrey L Pepper 3-15-2007 (616) 956-3750**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #