## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # 855247**

1. Entity Name JOHN CARLO, INC.



Principal Place of Business

45000 RIVER RIDGE DR.

SUITE 200

CLINTON TOWNSHIP, MI 48038

Mailing Address

45000 RIVER RIDGE DR.

SUITE 200

CLINTON TOWNSHIP, MI 48038

## **FILED** Jan 18, 2005 08:00 AM **Secretary of State**



01042005

No Chg-P

CR2E034 (10/03)

4. FEI Number 38-1650909

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

## DO NOT WRITE IN THIS SPACE

			IN THIS STAGE			
	named entity submits this statement for the priors of registered agent.	urpose of changing its registered	office or	registered agent, or bo	th, in the State of Florida. I am familiar with, and accep	
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE Registered	agent signatur	e required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	Ing 🗆	\$5.00 May Be Added to Fees		
10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CATENACCI, CARLO J. 45000 RIVER RIDGE DR SUITE 200 CLINTON TOWNSHIP, MI 48038 COO CATENACCI, JOSEPH E. 45000 RIVER RIDGE DR SUITE 200 CLINTON TOWNSHIP, MI 48038 P CATENACCI, MICHAEL J 45000 RIVER RIDGE DR SUITE 200 CLINTON TOWNSHIP, MI 48038	TORS			01/20/05-80015-022 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBSON, JOHN T. 45000 RIVER RIDGE DRIVE CLINTON TOWNSHIP, MI 48038			IN .	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXVP DONOHOE, MICHAEL 45000 RIVER RIDGE DR SUITE 200 CLINTON TOWNSHIP, MI 48038					
TITLE	VP .					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

NAME STREET ADDRESS

CITY-ST-ZIP

CATENACCI, JEANNIE

45000 RIVER RIAGE DR. STE 200

CLINTON TOWNSHIP, MI 48038

Treasurer

114105

586-416-4500