2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 855247

1. Entity Name
JOHN CARLO, INC.

Principal Place of Business	Mailing Address
45000 RIVER RIDGE DR. SUITE 200 CLINTON TOWNSHIP, MI 48038 US	45000 RIVER RIDGE DR. SUITE 200 CLINTON TOWNSHIP, MI 48038 US

01252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	CATENACCI, CARLO J.
STREET ADDRESS	45000 RIVER RIDGE DR SUITE 200
CITY-ST-ZIP	CLINTON TOWNSHIP, MI 48038
TITLE	COO
NAME	CATENACCI, JOSEPH E.
STREET ADDRESS	45000 RIVER RIDGE DR SUITE 200
CITY-ST-ZIP	CLINTON TOWNSHIP, MI 48038
TITLE	P
NAME	CATENACCI, MICHAEL J
STREET ADDRESS	45000 RIVER RIDGE DR SUITE 200
CITY-ST-ZIP	CLINTON TOWNSHIP, MI 48038
TITLE	T
NAME	ROBSON, JOHN T.
STREET ADDRESS	45000 RIVER RIDGE DRIVE
CITY-ST-ZIP	CLINTON TOWNSHIP, MI 48038
TITLE	EXVP
NAME	DONOHOE, MICHAEL
STREET ADDRESS	45000 RIVER RIDGE DR SUITE 200
CITY-ST-ZIP	CLINTON TOWNSHIP, MI 48038
TITLE	VP
NAME	CATENACCI, JEANNIE
STREET ADDRESS	45000 RIVER RIAGE DR. STE 200
CITY-ST-ZIP	CLINTON TOWNSHIP, MI 48038

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02/18/06-80027-016 158.75

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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: _____ 1/25/06 586-416-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #