


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # 855247	
1. Entity Name JOHN CARLO, INC.	

Principal Place of Business 45000 RIVER RIDGE DR. SUITE 200 CLINTON TOWNSHIP, MI 48038 US	Mailing Address 45000 RIVER RIDGE DR. SUITE 200 CLINTON TOWNSHIP, MI 48038 US
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03312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-1650909	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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**

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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	00000085280 04/18/08-80049-016 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CATENACCI, CARLO J. 45000 RIVER RIDGE DR SUITE 200 CLINTON TOWNSHIP, MI 48038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO CATENACCI, JOSEPH E. 45000 RIVER RIDGE DR SUITE 200 CLINTON TOWNSHIP, MI 48038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CATENACCI, MICHAEL J 45000 RIVER RIDGE DR SUITE 200 CLINTON TOWNSHIP, MI 48038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBSON, JOHN T. 45000 RIVER RIDGE DRIVE CLINTON TOWNSHIP, MI 48038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSON, CURTIS 45000 RIVER RIDGE DR SUITE 200 CLINTON TOWNSHIP, MI 48038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CATENACCI, JEANNIE 45000 RIVER RIAGE DR. STE 200 CLINTON TOWNSHIP, MI 48038

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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  **John T. Robson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Treasurer** **3/31/08** **586-416-4500**
Date Daytime Phone #