

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 857487 1. Entity Name CLAFTON & KEATING, INC.																																																																																																																													
Principal Place of Business 24780 HATHAWAY STE 200 FARMINGTON HILLS, MI 48335-1543 US			Mailing Address 24780 HATHAWAY STE 200 FARMINGTON HILLS, MI 48335-1543 US																																																																																																																										
2. Principal Place of Business		3. Mailing Address																																																																																																																											
Suite, Apt #, etc.		Suite, Apt #, etc.																																																																																																																											
City & State		City & State																																																																																																																											
Zip	Country	Zip	Country																																																																																																																										
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="text-align: right;"><small>DATE</small></div>																																																																																																																													
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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.																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 35%; padding: 2px;">P</td> <td style="width: 15%; padding: 2px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">MEEHI, ROBERT</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">24780 HATHWAY #200</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-STATE-ZIP</td> <td style="padding: 2px;">FARMINGTON HILL, MI</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">VD</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">KEATING, GERALD F.</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">24780 HATHAWAY #200</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-STATE-ZIP</td> <td style="padding: 2px;">FARMINGTON HILLS MI,</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">STD</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">KEATING, JAMES W.</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">24780 HATHWAY #200</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-STATE-ZIP</td> <td style="padding: 2px;">FARMINGTON HILLS MI,</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">D</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">KEATING, FRANCIS</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">P O BOX 1604</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-STATE-ZIP</td> <td style="padding: 2px;">SEGINAW, MI 48605</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-STATE-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-STATE-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 35%; padding: 2px;"></td> <td style="width: 15%; padding: 2px;"><input type="checkbox"/> Change</td> <td style="width: 15%; padding: 2px;"><input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-STATE-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Change</td> <td style="padding: 2px;"><input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-STATE-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Change</td> <td style="padding: 2px;"><input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-STATE-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> </table> </div> </div>						TITLE	P	<input type="checkbox"/> Delete	NAME	MEEHI, ROBERT		STREET ADDRESS	24780 HATHWAY #200		CITY-STATE-ZIP	FARMINGTON HILL, MI		TITLE	VD	<input type="checkbox"/> Delete	NAME	KEATING, GERALD F.		STREET ADDRESS	24780 HATHAWAY #200		CITY-STATE-ZIP	FARMINGTON HILLS MI,		TITLE	STD	<input type="checkbox"/> Delete	NAME	KEATING, JAMES W.		STREET ADDRESS	24780 HATHWAY #200		CITY-STATE-ZIP	FARMINGTON HILLS MI,		TITLE	D	<input type="checkbox"/> Delete	NAME	KEATING, FRANCIS		STREET ADDRESS	P O BOX 1604		CITY-STATE-ZIP	SEGINAW, MI 48605		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-STATE-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-STATE-ZIP			TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	NAME				STREET ADDRESS				CITY-STATE-ZIP				TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	NAME				STREET ADDRESS				CITY-STATE-ZIP				TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	NAME				STREET ADDRESS				CITY-STATE-ZIP			
TITLE	P	<input type="checkbox"/> Delete																																																																																																																											
NAME	MEEHI, ROBERT																																																																																																																												
STREET ADDRESS	24780 HATHWAY #200																																																																																																																												
CITY-STATE-ZIP	FARMINGTON HILL, MI																																																																																																																												
TITLE	VD	<input type="checkbox"/> Delete																																																																																																																											
NAME	KEATING, GERALD F.																																																																																																																												
STREET ADDRESS	24780 HATHAWAY #200																																																																																																																												
CITY-STATE-ZIP	FARMINGTON HILLS MI,																																																																																																																												
TITLE	STD	<input type="checkbox"/> Delete																																																																																																																											
NAME	KEATING, JAMES W.																																																																																																																												
STREET ADDRESS	24780 HATHWAY #200																																																																																																																												
CITY-STATE-ZIP	FARMINGTON HILLS MI,																																																																																																																												
TITLE	D	<input type="checkbox"/> Delete																																																																																																																											
NAME	KEATING, FRANCIS																																																																																																																												
STREET ADDRESS	P O BOX 1604																																																																																																																												
CITY-STATE-ZIP	SEGINAW, MI 48605																																																																																																																												
TITLE		<input type="checkbox"/> Delete																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-STATE-ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Delete																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-STATE-ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition																																																																																																																										
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-STATE-ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition																																																																																																																										
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-STATE-ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition																																																																																																																										
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-STATE-ZIP																																																																																																																													
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 files empowered.																																																																																																																													
SIGNATURE: <div style="float: right; text-align: right;"> 5-05-06 248 478-6211 <small>Date Daytime Phone #</small> </div>																																																																																																																													