2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F00000000619

1. Entity Name RDV STAFFING, INC.



Principal Place of Business

500 GRAND BANK BUILDING 126 OTTAWA AVE., N.W. GRAND RAPIDS, MI 49503 Mailing Address

500 GRAND BANK BUILDING 126 OTTAWA AVE., N.W. GRAND RAPIDS, MI 49503

FILED May 07, 2007 08:00 A Secretary of State

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DO NOT WRITE IN THIS SPACE

02232007 No Chg-P CR2E034 (11/05)

4. FEI Number
38-3315590 Applied For
Not Applicable

5. Certificate of Status Desired Sandaried

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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PLANTATI	ION, FL 33324		, 1	IN.	THIS SPAC)E
8. The above the obligat	named entity submits this statement for the plans of registered agent.	ourpose of changing its registered	d office or r	egistered agent, or bo	th, in the State of Florida.	I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	If applicable. (NOTE: Registered	Agent signature	required when reinstating)	D	ATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finance Trust Fund Contribution.	ing .	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS		•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD TUBERGEN, JERRY L 500 GRAND BANK BUILDING GRAND RAPIDS, MI 49503					762285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHIERBEEK, ROBERT H 500 GRAND BANK BUILDING GRAND RAPIDS, MI 49503				our cur _i o (08001 010 130506
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				The second		
TITLE			•	* *	•	

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 empoyered to execute this report as equired 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 empoyered.

SIGNATURE: -

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/55/57 616-454-4114