

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F01000004102 1. Entity Name ALRO INDUSTRIAL SUPPLY CORPORATION	
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<i>Principal Place of Business</i> 3100 E. HIGH STREET JACKSON, MI 49204	<i>Mailing Address</i> P.O. BOX 927 JACKSON, MI 49204
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DO NOT WRITE IN THIS SPACE



01232006 No Chg-P CR2E034 (11/05)

4. FEI Number 38-2598738	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GLICK, BARRY 6200 PARK OF COMMERCE BLVD. BOCA RATON, FL 33431
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**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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

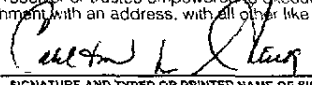
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	CD GLICK, ALVIN L. 1727 THORNWOOD JACKSON, MI 49203
TITLE NAME STREET ADDRESS CITY ST ZIP	P MARTOIA, RICHARD S 5003 BROOKSIDE JACKSON, MI 49203
TITLE NAME STREET ADDRESS CITY ST ZIP	VD ALYEA, G. MARK 6901 LANSING AVE. JACKSON, MI 492018233
TITLE NAME STREET ADDRESS CITY ST ZIP	T HOLLENBECK, LEO 6979 PADDOCK LANE JACKSON, MI 49201
TITLE NAME STREET ADDRESS CITY ST ZIP	ST GLICK, RANDY 5187 THAMES CT. JACKSON, MI 49201
TITLE NAME STREET ADDRESS CITY ST ZIP	SD GLICK, CARLTON L 2612 MULLIGAN DRIVE JACKSON, MI 49203

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02/09/06-80063-005 150.00

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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-06
Date Daytime Phone #