

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90047 012 \*\*\*150.00

**DOCUMENT # F01000004102**

1. Entity Name  
**ALRO INDUSTRIAL SUPPLY CORPORATION**



Principal Place of Business  
**3100 E. HIGH STREET  
JACKSON, MI 49204**

Mailing Address  
**P.O. BOX 927  
JACKSON, MI 49204**

**60028689**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02202007

Chg-P

CR2E034 (12/06)

4. FEI Number  
**38-2598738**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**GLICK, BARRY  
6200 PARK OF COMMERCE BLVD.  
BOCA RATON, FL 33431**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	GLICK, ALVIN L	
STREET ADDRESS	1727 THORNWOOD	
CITY-ST-ZIP	JACKSON, MI 49203	
TITLE	P	<input type="checkbox"/> Delete
NAME	MARTOIA, RICHARD S	
STREET ADDRESS	5003 BROOKSIDE	
CITY-ST-ZIP	JACKSON, MI 49203	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ALYEA, G. MARK	
STREET ADDRESS	6901 LANSING AVE.	
CITY-ST-ZIP	JACKSON, MI 492018233	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOLLENBECK, LEO	
STREET ADDRESS	6979 PADDOCK LANE	
CITY-ST-ZIP	JACKSON, MI 49201	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GLICK, RANDY	
STREET ADDRESS	5187 THAMES CT.	
CITY-ST-ZIP	JACKSON, MI 49201	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GLICK, CARLTON L	
STREET ADDRESS	2612 MULLIGAN DRIVE	
CITY-ST-ZIP	JACKSON, MI 49203	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4852 Indian Creek Dr	
CITY-ST-ZIP	Jackson, Mi 49201	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-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 like empowered.

**SIGNATURE:**

*Carlton L Glick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/07

Date

517-787-5500

Daytime Phone #