

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90099 045 ***150.00

DOCUMENT # F01000006603

1. Entity Name
IRWIN TELESCOPIC SEATING COMPANY



Principal Place of Business
**PO BOX 320
ALTAMONT, IL 62411**

Mailing Address
**PO BOX 320
ALTAMONT, IL 62411**

60011580



2. Principal Place of Business - No P.O. Box #
610 EAST CUMBERLAND RD
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

02012007 Chg-P CR2E034 (12/06)

City & State
ALTAMONT IL
Zip
62411

City & State
Zip
Country

4. FEI Number
37-1173073
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STEVE WARD AND ASSOCIATES
4424 NORTHWEST 13TH ST., STE A4
GAINESVILLE, FL 32609**

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	D	<input type="checkbox"/> Delete
NAME	IRWIN, EARLE S	
STREET ADDRESS	1860 LAKE DR	
CITY - ST - ZIP	GRAND RAPIDS, MI 49506	
TITLE	S	<input type="checkbox"/> Delete
NAME	CONNER, RUSTY	
STREET ADDRESS	8898 N. 650TH ST	
CITY - ST - ZIP	ALTAMONT, IL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	IRWIN, EARLE S	
STREET ADDRESS	1860 LAKE DRIVE	
CITY - ST - ZIP	GRAND RAPIDS, MI 49506	
TITLE	P	<input type="checkbox"/> Delete
NAME	CONRAD, ERIC	
STREET ADDRESS	15872 B BLUEBIRD DR	
CITY - ST - ZIP	EFFINGHAM, IL 62401	
TITLE	T	<input type="checkbox"/> Delete
NAME	BROWN, VALERIE	
STREET ADDRESS	810 S MAIN ST	
CITY - ST - ZIP	ALTAMONT, IL 62411	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Valerie Brown **VALERIE BROWN**

Date

01/31/07

Daytime Phone #

618-483-6157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR