


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

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| DOCUMENT # F03000000138 1. Entity Name LADD CONTRACT SALES CORPORATION |  |
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| Principal Place of Business 1284 NORTH TELEGRAPH ROAD MONROE, MI 48162 | Mailing Address 1284 NORTH TELEGRAPH ROAD MONROE, MI 48162 |
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03312005 No Chg-P CR2E034 (10/03)

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|---|--------------------------------|
| 4. FEI Number 56-1681728 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION, FL 33324

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

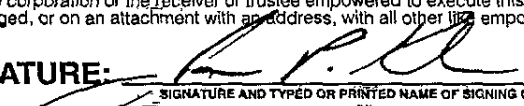
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RICCIO, LOUIS M JR 1284 NORTH TELEGRAPH ROAD MONROE, MI 48162 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO DARROW, KURT L 1284 NORTH TELEGRAPH ROAD MONROE, MI 48162 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CHITWOOD, NOEL 128 E. CHURCH ST. MARTINSVILLE, VA 24112 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S KLARR, JAMES P 1284 N. TELEGRAPH ROAD MONROE, MI 48162 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T STEGEMAN, MARK A 1284 NORTH TELEGRAPH ROAD MONROE, MI 48162 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ASAT WHITLOCK, MICHELLE 128 E CHURCH STREET MARTINSVILLE, VA 24112 |

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 04/11/05-80065-001 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 officers empowered.

SIGNATURE:  **4/5/05** **734-242-1444**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #