

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

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

DOCUMENT # F03000000138

1. Entity Name
LADD CONTRACT SALES CORPORATION



Principal Place of Business
**1284 NORTH TELEGRAPH ROAD
MONROE, MI 48162**

Mailing Address
**1284 NORTH TELEGRAPH ROAD
MONROE, MI 48162**



03312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-1681728

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324**

**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, 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**

U000000298338
04/11/05-80065-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #