

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90085 040 ***150.00

DOCUMENT # F03000000312

1. Entity Name

THE CONSTRUCTION LOAN COMPANY, INC.



Principal Place of Business

1700 WEST HIGHLAND ROAD
SUITE 100
HOWELL MI 48843

Mailing Address

1700 WEST HIGHLAND ROAD
SUITE 100
HOWELL MI 48843

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

3. Mailing Address

301 E. First St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE. 100

City & State

City & State

Imley City, MI

Zip

Country

Zip

Country

48444

USA

4. FEI Number 38-3399783

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
CP
VETTRAINO, DAVID P
1700 WEST HIGHLAND ROAD
HOWELL MI 48843 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DCFO
CLARK, SAMMY A
1700 WEST HIGHLAND ROAD
HOWELL MI 48843 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
V
DANIGELIS, DAWN
1700 WEST HIGHLAND ROAD
HOWELL MI 48843 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-STATE-ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Sammy A. Clark

Sammy A. Clark

April 12, 2007 (810) 721-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #