

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006034

FILED
Feb 10, 2006
Secretary of State

Entity Name: INDEPENDENT MORTGAGE COMPANY-CENTRAL MICHIGAN

Current Principal Place of Business:

623 WASHINGTON AVE
BAY CITY, MI 48708

New Principal Place of Business:

Current Mailing Address:

230 W. MAIN STREET
IONIA, MI 48846

New Mailing Address:

FEI Number: 38-3394926

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KESSEL, WILLIAM B
Address: 623 WASHINGTON AVENUE
City-St-Zip: BAY CITY, MI 48708

Title: V () Delete
Name: JUNGEL, BETH J
Address: 230 WEST MAIN STREET
City-St-Zip: IONIA, MI 48846

Title: VS () Delete
Name: DONER, ALAN
Address: 623 WASHINGTON AVENUE
City-St-Zip: BAY CITY, MI 48708

Title: CD () Delete
Name: BRENNER, WILLIAM
Address: 623 WASHINGTON AVENUE
City-St-Zip: BAY CITY, MI 48708

Title: D () Delete
Name: HETZLER, ROBERT
Address: 623 WASHINGTON AVENUE
City-St-Zip: BAY CITY, MI 48708

Title: D () Delete
Name: VAN LOAN, CHARLES C
Address: 623 WASHINGTON AVENUE
City-St-Zip: BAY CITY, MI 48708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VS (X) Change () Addition
Name: JUNGEL, BETH J
Address: 230 WEST MAIN STREET
City-St-Zip: IONIA, MI 48846

Title: VS (X) Change () Addition
Name: SMITH, STEPHEN
Address: 623 WASHINGTON AVENUE
City-St-Zip: BAY CITY, MI 48708

Title: CD (X) Change () Addition
Name: WEIMER, LYNN
Address: 623 WASHINGTON AVENUE
City-St-Zip: BAY CITY, MI 48708

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MAGEE, MICHAEL M
Address: 623 WASHINGTON AVENUE
City-St-Zip: BAY CITY, MI 48708

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETH J JUNGEL

VS

02/10/2006

Electronic Signature of Signing Officer or Director

Date