

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

May 01, 2006 08:00 A
Secretary of State

DOCUMENT # F04000001468

1. Entity Name
FTC&H, INC.



Principal Place of Business
1515 ARBORETUM DRIVE, SE
GRAND RAPIDS, MI 49546

Mailing Address
1515 ARBORETUM DRIVE, SE
GRAND RAPIDS, MI 49546



04242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-1841857

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., STE. 4
WESTON, FL 33331

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000551100
05/13/06-80081-024 150.00

10. OFFICERS AND DIRECTORS

TITLE PT
NAME TOWNLEY, JAMES D
STREET ADDRESS 1931 TALAMORE COURT, SE
CITY-ST-ZIP GRAND RAPIDS, MI 49546

TITLE S
NAME ELENBAAS, BRUCE K
STREET ADDRESS 9185 LAKESHORE DRIVE
CITY-ST-ZIP WEST OLIVE, MI 49460

TITLE VP
NAME PETERS, MICHAEL L
STREET ADDRESS 7170 OLD LANTERN DR
CITY-ST-ZIP CALEDONIA, MI 49316

TITLE VP
NAME WILEY, KENNETH G
STREET ADDRESS 4524 CREEKVIEW
CITY-ST-ZIP HUDSONVILLE, MI 49426

TITLE VP
NAME HEWITT, LESTER J
STREET ADDRESS 1837 PEMBROKE SE
CITY-ST-ZIP KENTWOOD, MI 49508

TITLE VP
NAME SMALLIGAN, JAMES E
STREET ADDRESS 2858 REEDS LAKE BLVD, SE
CITY-ST-ZIP EAST GRAND RAPIDS, MI 49506

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IN THIS SPACE**

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 or other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James D. Townley

4/29/06

Date

616-575-3824

Daytime Phone #