

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90300 045 ***150.00

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1. Entity Name
BINSON'S HOSPITAL SUPPLIES, INC.



Principal Place of Business
26834 LAWRENCE
CENTER LINE, MI 48015

Mailing Address
26834 LAWRENCE
CENTER LINE, MI 48015

50011680



01162006 Chg-P CR2E034 (11/05)

4. FEI Number
38-2236525

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FASSE, KENNETH G
5301 CONROY ROAD STE. 180
ORLANDO, FL 32811

Name
FASSE, KENNETH G.
Street Address (P.O. Box Number is Not Acceptable)
2069 ALOMA AVE., SUITE A
City WINTER PARK FL Zip Code 32792

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP BINSON, JAMES E 26834 LAWRENCE CENTER LINE, MI 48015	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BINSON, JAMES E II 26834 LAWRENCE CENTER LINE, MI 48015	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FASSE, KENNETH G 26834 LAWRENCE CENTER LINE, MI 48015	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/06