


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F04000002727</b>	
1. Entity Name <b>BINSON'S HOSPITAL SUPPLIES, INC.</b>	

Principal Place of Business <b>26834 LAWRENCE CENTER LINE, MI 48015</b>	Mailing Address <b>26834 LAWRENCE CENTER LINE, MI 48015</b>
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**DO NOT WRITE IN THIS SPACE**



02232007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>38-2236525</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**FASSE, KENNETH G  
2069 ALOMA AVE  
SUITE A  
WINTER PARK, FL 32792**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP BINSON, JAMES E 26834 LAWRENCE CENTER LINE, MI 48015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BINSON, JAMES E II 26834 LAWRENCE CENTER LINE, MI 48015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FASSE, KENNETH G 26834 LAWRENCE CENTER LINE, MI 48015
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U00000664296  
03/22/07-80038-021 158.75

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 all other information empowered.

**SIGNATURE:** *James E. Binson* **3/7/07 (586) 755-3830**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #