

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000002935

1. Entity Name

CENTRAL MICHIGAN RAILWAY COMPANY



Principal Place of Business

1424 STRAITS DRIVE
BAY CITY, MI 48706-9998

Mailing Address

1424 STRAITS DRIVE
BAY CITY, MI 48706-9998



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-2758971

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DELANO, G. KRISTIN ESQ
360 CENTRAL AVENUE, STE. 1320
ST. PETERSBURG, FL 33701

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CPT
NAME PINKERTON, CHARLES A III
STREET ADDRESS 1424 STRAITS DRIVE
CITY-ST-ZIP BAY CITY, MI 487069998

TITLE DS
NAME BIBER, MICHAEL J
STREET ADDRESS 2701 TROY CENTER DRIVE, STE. 400
CITY-ST-ZIP TROY, MI 48084

TITLE VP
NAME PITZ, JAMES P
STREET ADDRESS 1424 STRAITS DRIVE
CITY-ST-ZIP BAY CITY, MI 487069998

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000190185
01/24/05-80124-021 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/05 (989) 684-5088
Date Daytime Phone #