

**2006 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2006 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**



01052006 No Chg-P CR2E034 (11/05)

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**

8. 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, 2006 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

U00000381706
01/11/06-80085-015 150.00

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IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-05-06

Date

(989) 684-5088

Daytime Phone #