

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000004747

1. Entity Name

NUYEN, TOMTISHEN AND AOUN, P.C.



Principal Place of Business

640 GRISWOLD
NORTHVILLE, MI 48167-1666

Mailing Address

640 GRISWOLD
NORTHVILLE, MI 48167-1666



02012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3525735

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RHODES, PAULA M
880 CARILLON PARKWAY, DEPT. 20485
ST. PETERSBURG, FL 33716

**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	P
NAME	NUYEN, JOSEPH G
STREET ADDRESS	640 GRISWOLD
CITY-ST-ZIP	NORTHVILLE, MI 481671666
TITLE	V
NAME	TOMTISHEN, BRAD M
STREET ADDRESS	640 GRISWOLD
CITY-ST-ZIP	NORTHVILLE, MI 481671666
TITLE	S
NAME	AOUN, JOSEPH T
STREET ADDRESS	640 GRISWOLD
CITY-ST-ZIP	NORTHVILLE, MI 481671666
TITLE	T
NAME	TOMTISHEN, BRAD M
STREET ADDRESS	640 GRISWOLD
CITY-ST-ZIP	NORTHVILLE, MI 481671666
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/21/06 00092-016 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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

Date

Daytime Phone #