

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90060 039 ***150.00

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

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

7. Name and Address of New Registered Agent

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

Name

Charlene Carpenter

Street Address (P.O. Box Number is Not Acceptable)

880 Carillon Pkwy, Dept 20485

City

St. Petersburg

FL

Zip Code

33716

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

Charlene Carpenter *Charlene Carpenter*

2/9/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when transferring)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

NAME	P	<input type="checkbox"/> Delete
STREET ADDRESS	NUYEN, JOSEPH G	
CITY-STATE-ZIP	640 GRISWOLD NORTHVILLE MI 48167-1666	
NAME	V	<input type="checkbox"/> Delete
STREET ADDRESS	TOMTISHEN, BRAD M	
CITY-STATE-ZIP	640 GRISWOLD NORTHVILLE MI 48167-1666	
NAME	S	<input type="checkbox"/> Delete
STREET ADDRESS	AOUN, JOSEPH T	
CITY-STATE-ZIP	640 GRISWOLD NORTHVILLE MI 48167-1666	
NAME	T	<input type="checkbox"/> Delete
STREET ADDRESS	TOMTISHEN, BRAD M	
CITY-STATE-ZIP	640 GRISWOLD NORTHVILLE MI 48167-1666	
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-STATE-ZIP		
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-STATE-ZIP		

NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-STATE-ZIP	
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STREET ADDRESS	
CITY-STATE-ZIP	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-STATE-ZIP	

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

2-5-2007 248-449-2700

Date

Daytime Phone #