

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000003284

1. Entity Name

WOLVERINE BRONZE COMPANY



Principal Place of Business

28178 HAYES ROAD
ROSEVILLE, MI 48066

Mailing Address

28178 HAYES ROAD
ROSEVILLE, MI 48066



01062006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-1529868

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331

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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 CP
NAME SMITH, RICHARD A
STREET ADDRESS 28178 HAYES ROAD
CITY-ST-ZIP ROSEVILLE, MI 48066

TITLE VCP
NAME SMITH, WILLIAM P
STREET ADDRESS 28178 HAYES ROAD
CITY-ST-ZIP ROSEVILLE, MI 48066

TITLE VPD
NAME SMITH, DOUGLAS L
STREET ADDRESS 28178 HAYES ROAD
CITY-ST-ZIP ROSEVILLE, MI 48066

TITLE VPD
NAME SMITH, PAUL A
STREET ADDRESS 28178 HAYES ROAD
CITY-ST-ZIP ROSEVILLE, MI 48066

TITLE SD
NAME MASCIOLI, DENNIS M
STREET ADDRESS 28178 HAYES ROAD
CITY-ST-ZIP ROSEVILLE, MI 48066

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000391493
01/24/06-80044-008 150.00

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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:

Dennis M. Mascioli

DENNIS M. MASCIOLI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/16/2006

Daytime Phone #

586-776 8180