


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000003284 1. Entity Name WOLVERINE BRONZE COMPANY	
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Principal Place of Business 28178 HAYES ROAD ROSEVILLE, MI 48066	Mailing Address 28178 HAYES ROAD ROSEVILLE, MI 48066
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 38-1529868	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP SMITH, RICHARD A 28178 HAYES ROAD ROSEVILLE, MI 48066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVP SMITH, WILLIAM P 28178 HAYES ROAD ROSEVILLE, MI 48066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SMITH, DOUGLAS L 28178 HAYES ROAD ROSEVILLE, MI 48066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SMITH, PAUL A 28178 HAYES ROAD ROSEVILLE, MI 48066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MASCIOLO, DENNIS M 28178 HAYES ROAD ROSEVILLE, MI 48066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/09/07-80048-011 150.00

**DO NOT WRITE
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
DENNIS M. MASCIOLO

1-4-2007 **586776 8180**
Date Daytime Phone #