

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90411 020 ***150.00

DOCUMENT # F05000006036

1. Entity Name
DESIGN PLUS OF MI, INC.



Principal Place of Business
**230 E. FULLON
GRAND RAPIDS, MI 49503**

Mailing Address
**230 E. FULLON
GRAND RAPIDS, MI 49503**

40087831



2. Principal Place of Business - No P.O. Box #
230 E. Fulton
Suite, Apt. #, etc.

3. Mailing Address
230 E. Fulton
Suite, Apt. #, etc.

04222008 Chg-P CR2E034 (12/06)

City & State
Grand Rapids, MI
Zip
49503
Country
Kent

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Grand Rapids, MI
Zip
49503
Country
Kent

4. FEI Number
38-2213417
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**LOPEZ, CESAR J
6518 APPALOOSA DR
TAMPA, FL 33625**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C OHLMAN, VERNON C 3108 COLCHESTER ADA, MI 49301 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROODE, THOMAS 1850 KNAPP NE GRAND RAPIDS, MI 49505 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S NICELY, CRAIG 3614 RED KEY DR. SW GRANDVILLE, MI 49418 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WEISS, JOHN 3177 HOAG NE GRAND RAPIDS, MI 49525 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HORMAN, JAMES 6000 CASCADE RD SE GRAND RAPIDS, MI 49546 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BALL, KATHLEEN 1818 JOHNSON MARNE, MI 49345 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Nicely, Craig 3614 Red Key Dr. SW Grandville MI 49418 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/C Weiss, John 3177 Hoag NE Grand Rapids MI 49525 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/S Ball, Kathleen 1818 Johnson Marne, MI 49435 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Kathleen Ball **4/22/08** **616 458 0875**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #