

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000287

FILED
Mar 20, 2009
Secretary of State

Entity Name: PETER A. BASILE SONS, INC.

Current Principal Place of Business:

5149 SW HIGHWAY 17
ARCADIA, FL 34266

New Principal Place of Business:

Current Mailing Address:

13000 NEWBURGH RD
LIVONIA, MI 48150 US

New Mailing Address:

FEI Number: 38-1915941 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BILETI, MICHAEL J CEO
5149 SW HIGHWAY 17
ARCADIA, FL 34266 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MESSINA, PETER A
Address: 13000 NEWBURGH RD
City-St-Zip: LIVONIA, MI 48150

Title: VPS () Delete
Name: EICK, TINA M
Address: 13000 NEWBURGH RD
City-St-Zip: LIVONIA, MI 48150

Title: TD () Delete
Name: BILETI, MICHAEL J
Address: 13000 NEWBURGH RD
City-St-Zip: LIVONIA, MI 48150

Title: CEO () Delete
Name: BILETI, MICHAEL J
Address: 13000 NEWBURGH RD
City-St-Zip: LIVONIA, MI 48150

Title: VP () Delete
Name: ANAYA, JESUS
Address: 5149 SW HIGHWAY 17
City-St-Zip: ARCADIA, FL 34266

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: GM () Change (X) Addition
Name: SPOONER, JIMMY R
Address: 5149 SW HIGHWAY 17
City-St-Zip: ARCADIA, FL 34266

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TINA M. EICK

VPS

03/20/2009

Electronic Signature of Signing Officer or Director

_____ Date