

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000936

FILED  
Apr 22, 2008  
Secretary of State

Entity Name: SOUTH POINTE FINANCIAL SERVICES, INC. OF MICHIGAN

## Current Principal Place of Business:

28819 FRANKLIN ROAD  
SOUTHFIELD, MI 48034

## New Principal Place of Business:

## Current Mailing Address:

28819 FRANKLIN ROAD  
SOUTHFIELD, MI 48034

## New Mailing Address:

FEI Number: 61-1451765

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PETCOFF, B. MATTHEW  
901 PONCE DE LEON BLVD., #504  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

SKINNER, GREGORY M  
10199 SOUTHSIDE BLVD  
BLDG 1, SUITE 200  
JACKSONVILLE, FL 32256 US

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: GREGORY SKINNER

04/22/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CP ( ) Delete  
Name: PETCOFF, JAMES G  
Address: 28819 FRANKLIN ROAD  
City-St-Zip: SOUTHFIELD, MI 48034

Title: VCVP ( ) Delete  
Name: PETCOFF, B. MATTHEW  
Address: 28819 FRANKLIN ROAD  
City-St-Zip: SOUTHFIELD, MI 48034

Title: DT ( ) Delete  
Name: BERRY, JOHN H  
Address: 28819 FRANKLIN ROAD  
City-St-Zip: SOUTHFIELD, MI 48034

Title: S ( ) Delete  
Name: WIKMAN, JUDITH A  
Address: 28819 FRANKLIN ROAD  
City-St-Zip: SOUTHFIELD, MI 48034

## 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:

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: JOHN H. BERRY

T

04/22/2008

Electronic Signature of Signing Officer or Director

Date