

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90058 050 \*\*\*150.00

**DOCUMENT # F06000005335**

1. Entity Name  
CLIA, INC. >



Principal Place of Business  
3455 E. PARIS SE  
GRAND RAPIDS, MI 49512

Mailing Address  
3455 E. PARIS SE  
GRAND RAPIDS, MI 49512

40014900



01222007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
38-2692929

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

HATCH, JOHN D ESQ.  
1267 BERKSHIRE LANE, SUITE 200  
TARPON SPRINGS, FL 34688

**DO NOT WRITE  
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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	LONGMAN, DANIEL B
STREET ADDRESS	1265 SE ST. LUCIE BLVD
CITY-ST-ZIP	STUART, FL 34996
TITLE	V
NAME	<del>EPPO, MARK</del> Van Epps Mark
STREET ADDRESS	17823 144TH AVE
CITY-ST-ZIP	SPRINGLAKE, MI 49456
TITLE	Secretary
NAME	Budzynski, Carol
STREET ADDRESS	3455 East Paris Ave SE
CITY-ST-ZIP	Grand Rapids MI 49512
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:**

*Carol Budzynski*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-07 616-975-3500  
Date Daytime Phone #

x123