


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # F07000004447 1. Entity Name DAN VOS CONSTRUCTION CO., INC.	
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Principal Place of Business 6160 EAST FULTON ADA, MI 49301	Mailing Address P.O. BOX 189 ADA, MI 49301
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DO NOT WRITE IN THIS SPACE



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number 38-1788849	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	8. 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	C VOS, GARY L 6160 EAST FULTON ADA, MI 49301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOS, DAN T 6160 EAST FULTON ADA, MI 49301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DEYOUNG, GORDON 6160 EAST FULTON ADA, MI 49301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TUIN, EVERETT V 6160 EAST FULTON ADA, MI 49301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SELLMAN, JOHN 6160 EAST FULTON ADA, MI 49301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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01/08/08-80011-006 150.00

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: Everett Vander Tuin Everett Vander Tuin 1-3-08 616-676-9169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #