

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 12, 2008 08:00 AM
Secretary of State

DOCUMENT # F93000003672

1. Entity Name
MASTER KEY NORTHERN, INC.



Principal Place of Business
2580 WEST ELLSWORTH ROAD
ANN ARBOR, MI 48108

Mailing Address
2580 WEST ELLSWORTH ROAD
ANN ARBOR, MI 48108



05092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-2528825

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

KIMPTON, WILLIAM J
28059 U.S. HIGHWAY 19 NORTH
STE. 100
CLEARWATER, FL 34621

**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)

000000851064
06/04/08-20016-010 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAMMATICO, DANIEL C 2580 W. ELLSWORTH ROAD ANN ARBOR, MI 48108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRAMMATICO, JOSEPH J 2580 W. ELLSWORTH ROAD ANN ARBOR, MI 48108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GRAMMATICO, THEODORE 2580 W. ELLSWORTH ROAD ANN ARBOR, MI 48108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAMMATICO, JOSEPH B 2580 W. ELLSWORTH ROAD ANN ARBOR, MI 48108
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/9/08 7346630030