

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # F93000005734

1. Entity Name
LCOA, INC.



Principal Place of Business

3150 LIVERNOIS
STE. 300
TROY, MI 48083 US

Mailing Address

3150 LIVERNOIS
STE. 300
TROY, MI 48083 US



02222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-2807121

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

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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, 2005 Fee will be \$550.00

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

U000000245859
02/28/05-80043-004 150.00

10. OFFICERS AND DIRECTORS

TITLE DT
NAME MELSTROM, JOHN W SR
STREET ADDRESS 5780 ROCHESTER RD
CITY-ST-ZIP DRYDEN, MI 48428

TITLE DS
NAME PETCOFF, JAMES G
STREET ADDRESS 28819 FRANKLIN RD
CITY-ST-ZIP SOUTHFIELD, MI 48037

TITLE D
NAME BORDINE, BRUCE
STREET ADDRESS 5935 WINKLE MILL
CITY-ST-ZIP ROCHESTER, MI 48306

TITLE D
NAME BRADY, E DANNY
STREET ADDRESS 4530 WARWICK CR
CITY-ST-ZIP GRAND BLANC, MI 48349

TITLE DCP
NAME KEMP, JOHN B
STREET ADDRESS 3150 LIVERNOIS STE 300
CITY-ST-ZIP TROY, MI 48083

TITLE VPCF
NAME KATIKOS, THEODORE J
STREET ADDRESS 3150 LIVERNOIS STE 300
CITY-ST-ZIP TROY, MI 48083

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #