

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90327 020 \*\*\*150.00

**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

40072057



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

38-2807121

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE D/T ☒ Change ☐ Addition  
NAME MELSTROM, JOHN W  
STREET ADDRESS 681 N. SQUIRREL RD, SUITE 250  
CITY-ST-ZIP AUBURN HILLS, MI 48326

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

TITLE V/S ☐ Change ☒ Addition  
NAME TALBERT, TIMOTHY V  
STREET ADDRESS 3150 LIVERNOIS, SUITE 300  
CITY-ST-ZIP TROY, MI, 48083

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

TITLE D ☒ Change ☐ Addition  
NAME BORDINE, BRUCE A  
STREET ADDRESS 8600 DIXIE HWY  
CITY-ST-ZIP CLARKSTON, MI 48348

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

TITLE D ☒ Change ☐ Addition  
NAME BRADY, ERIC D  
STREET ADDRESS 68173 EMBURY RD.  
CITY-ST-ZIP GRAND BLANC, MI 48349

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

TITLE V ☐ Change ☒ Addition  
NAME KEMP, BRIAN C  
STREET ADDRESS 3150 LIVERNOIS, SUITE 300  
CITY-ST-ZIP TROY, MI, 48083

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

4-24-06

Date

Daytime Phone #