


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
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
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04172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-2807121	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 C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324
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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, 2007 Fee will be \$550.00	9. 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	DT MELSTROM, JOHN W 681 NORTH SQUIRREL RD SUITE 250 AUBURN HILLS, MI 48326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PETCOFF, JAMES G 28819 FRANKLIN RD SOUTHFIELD, MI 48037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORDINE, BRUCE A 8600 DIXIE HWY CLARKSTON, MI 48348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADY, ERIC D 68173 EMBURY RD GRAND BLANC, MI 48439
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP KEMP, JOHN B 3150 LIVERNOIS STE 300 TROY, MI 48083
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCF KATIKOS, THEODORE J 3150 LIVERNOIS STE 300 TROY, MI 48083

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05/01/07-80147-021 150.00

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:  **4-17-07** **(248) 743-5112**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #