

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 22, 2005 8:00 am**  
**Secretary of State**

07-22-2005 90017 006 \*\*\*150.00

50056896



07142005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>38-0633740</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

TUBBERGEN, STANLEY C  
2400 16 ST. NE, UNIT 112  
POMPANO BEACH, FL 33062

**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  
Due by September 7, 2005**

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	DV GUENTHER, JEFFREY P 1029 S MICHIGAN AVE HASTINGS, MI 49058
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JOHNSON, ANDREW F 1006 W. CLINTON STREET HASTINGS, MI 49058
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JOHNSON, MARK R 11155 HASTINGS POINT ROAD MIDDLEVILLE, MI 49333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS ZWIERNIKOWSKI, RICHARD L JR 929 S JEFFERSON HASTINGS, MI 49058
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 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] 7/15/05 (269)945-2491  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #