

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

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

**DOCUMENT # F94000003890**

1. Entity Name  
**HASTINGS MANUFACTURING COMPANY**



Principal Place of Business      Mailing Address

**325 N. HANOVER**                      **325 N. HANOVER**  
**HASTINGS, MI 49058**                  **HASTINGS, MI 49058**

**50056896**



07142005      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent

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

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ 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	

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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:** *Richard L. Zwiernikowski*      7/15/05      (269)945-2491  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #