

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90108 048 \*\*\*158.75

**DOCUMENT # F95000001385**

1. Entity Name  
**WILSON, KEMP & ASSOCIATES, INC.**



Principal Place of Business Mailing Address  
**400 RENAISSANCE CENTER, SUITE 2155** **400 RENAISSANCE CENTER, SUITE 2155**  
**DETROIT, MI 48243** **DETROIT, MI 48243**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01042008 Chg-P CR2E034 (12/06)

4. FEI Number **38-1878151** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**LOGGERHEAD ASSOCIATES, LTD**  
**14255 US HIGHWAY ONE**  
**STE, 208**  
**NORTH PALM BEACH, FL 33408**

7. Name and Address of New Registered Agent

Name **Compass Associates, LLC**  
Street Address (P.O. Box Number is Not Acceptable) **790 Suno Ocean Walk**  
**Suite 401**  
City **North Palm Beach** **FL** Zip Code **33408**

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, 2008 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 ☐ Delete  
NAME **CT**  
STREET ADDRESS **WILSON, THOMAS A**  
CITY-ST-ZIP **400 RENAISSANCE CENTER, SUITE 2155**  
**DETROIT, MI 48243**

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

TITLE ☐ Delete  
NAME **PS**  
STREET ADDRESS **KEMP, ROBERT D JR.**  
CITY-ST-ZIP **400 RENAISSANCE CENTER, SUITE 2155**  
**DETROIT, MI 48243**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **COUZENS, FRANK**  
CITY-ST-ZIP **400 RENAISSANCE CENTER, SUITE 2155**  
**DETROIT, MI 48243**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **GREGORY, E. MARK III**  
CITY-ST-ZIP **400 RENAISSANCE CENTER, SUITE 2155**  
**DETROIT, MI 48243**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MORAN, JOSEPH A**  
CITY-ST-ZIP **400 RENAISSANCE CTR, STE 2155**  
**DETROIT, MI 48243**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

DATE

DAYTIME PHONE #