

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2004 8:00 am
Secretary of State

09-14-2004 90002 037 ***150.00

DOCUMENT # F96000002201

1. Entity Name
WESTCHASE SIL, INC.



Principal Place of Business
**525 HURON RIVER DRIVE
PO BOX 727
BELLEVILLE, MI 48112**

Mailing Address
**525 HURON RIVER DRIVE
PO BOX 727
BELLEVILLE, MI 48112**



08302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3287868

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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

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
Due by September 8, 2004**

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	PD
NAME	WARD, ARTHUR
STREET ADDRESS	525 HURON RIVER DR. POB 727
CITY-ST-ZIP	BELLEVILLE, MI 48112
TITLE	VD
NAME	TURNQUEST, ROBERT
STREET ADDRESS	21338 BIRCHWOOD STREET
CITY-ST-ZIP	FARMINGTON, MI 48336
TITLE	DST
NAME	SPEAR, ANGELA
STREET ADDRESS	378 BEACH
CITY-ST-ZIP	WESTLAND, MI 48186
TITLE	T
NAME	BOEHM, SUSAN
STREET ADDRESS	525 HURON RIVER DRIVE- POB 727
CITY-ST-ZIP	BELLEVILLE, MI 48112
TITLE	DST
NAME	ARTHUR WARD
STREET ADDRESS	525 HURON RIVER DR - POB 727
CITY-ST-ZIP	BELLEVILLE MI 48112
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:

Arthur E Ward

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/04

Date

586-246-2046

Daytime Phone #