

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 24, 2005 8:00 am**  
**Secretary of State**

08-24-2005 90057 014 \*\*\*158.75

**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**

**50063218**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08042005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**38-3287868**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 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 **PD** ☒ Delete  
NAME **WARD, ARTHUR**  
STREET ADDRESS **525 HURON RIVER DR. POB 727**  
CITY-ST-ZIP **BELLEVILLE, MI 48112**

TITLE **VD** ☐ Delete  
NAME **TURNQUEST, ROBERT**  
STREET ADDRESS **21338 BIRCHWOOD STREET**  
CITY-ST-ZIP **FARMINGTON, MI 48336**

TITLE **T** ☐ Delete  
NAME **BOEHM, SUSAN**  
STREET ADDRESS **525 HURON RIVER DRIVE- POB 727**  
CITY-ST-ZIP **BELLEVILLE, MI 48112**

TITLE **DST** ☒ Delete  
NAME **WARD, ARTHUR**  
STREET ADDRESS **525 HURON RIVER DR POB 727**  
CITY-ST-ZIP **BELLEVILLE, MI 48112**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **JOAN HERFORD**  
STREET ADDRESS **525 HURON RIVER DR. POB 727**  
CITY-ST-ZIP **BELLEVILLE, MI 48112**

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

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

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

TITLE ☐ Change ☐ Addition  
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**8/16/05 248-435-0834**



ATTACHMENT  
50063218

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

August 4, 2005

WESTCHASE SIL, INC.  
525 HURON RIVER DRIVE  
PO BOX 727  
BELLEVILLE, MI 48112

SUBJECT: WESTCHASE SIL, INC.  
Ref. Number: F96000002201

Upon receipt of your letter and/or check(s) totaling \$78.75, no document was found. Please send your document with any fees due to:

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

The fee to file the enclosed profit annual report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kristen Eckel  
Document Specialist

Letter Number: 305A00050295