

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90057 026 ***150.00

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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



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

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
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME HERFORD, JOAN
STREET ADDRESS 525 HURON RIVER DRIVE POB 727
CITY- ST- ZIP BELLEVILLE MI 48112

TITLE ☒ Change ☐ Addition
NAME SUSAN BOEHM
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 ☒ Change ☐ Addition
NAME GLENN SILVERIS
STREET ADDRESS 525 HURON RIVER DR. POB 727
CITY- ST- ZIP BELLEVILLE, MI 48112

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

TITLE ☒ Change ☐ Addition
NAME CYNTHIA COLEMAN
STREET ADDRESS 525 HURON RIVER DR POB 727
CITY- ST- ZIP BELLEVILLE, MI 48112

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ Delete
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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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 Section 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:

Susan Boehm
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/5/07 248-435-0834