

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90094 038 ***158.75

DOCUMENT # F97000006949

1. Entity Name
POSEN CONSTRUCTION, INC.



Principal Place of Business
**50500 DESIGN LANE
SHELBY TOWNSHIP, MI 48315**

Mailing Address
**50500 DESIGN LANE
SHELBY TOWNSHIP, MI 48315**

40076437



2. Principal Place of Business - No P.O. Box #
9200 ESTERO PARK COMMONS

3. Mailing Address

Suite, Apt. #, etc.
SUITE 4

Suite, Apt. #, etc.

04162007 Chg-P CR2E034 (12/06)

City & State
ESTERO FL

City & State

4. FEI Number
38-2297532

Applied For
Not Applicable

Zip
33928

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

Name
NORMAN ZAPCZYNSKI

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

22973 SHADY KNOLL DR

City
BONITA SPRINGS

FL

Zip Code
34135

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 restate)

NORMAN ZAPCZYNSKI

4-16-07

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PC
ZAPCZYNSKI, NORMAN
32841 N. RIVER ROAD
HARRISON TWP., MI 48045** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**22973 SHADY KNOLL DR
BONITA SPRINGS FL 34135** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
ZAPCZYNSKI, KENNETH
5200 CRYSTAL CREEK LANE
WASHINGTON, MI 48094** ☐ Delete

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

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

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

4-16-07

Date

586-731-8442

Daytime Phone #