

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # F98000001920

1. Entity Name
C G & S INVESTORS, INC.



Principal Place of Business
3400 EAST LAFAYETTE
DETROIT, MI 48207

Mailing Address
3400 EAST LAFAYETTE
DETROIT, MI 48207



04112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3403016

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
After May 1, 2006 Fee will be \$550.00

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

110000537617
05/09/06-80025-019 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HOLLERBACH, MICHAEL D
STREET ADDRESS 3400 EAST LAFAYETTE
CITY-ST-ZIP DETROIT, MI 48207

TITLE VD
NAME CORACE, RICHARD F
STREET ADDRESS 5551 RIDGEWOOD DR.
CITY-ST-ZIP NAPLES, FL 34108

TITLE VD
NAME GRIFFIN, GERALD F II
STREET ADDRESS 5551 RIDGEWOOD DR.
CITY-ST-ZIP NAPLES, FL 34108

TITLE VT
NAME BROWN, DAVID A
STREET ADDRESS 3400 EAST LAFAYETTE
CITY-ST-ZIP DETROIT, MI 48207

TITLE VAS
NAME SHARPE, KEITH A
STREET ADDRESS 5551 RIDGEWOOD DRIVE
CITY-ST-ZIP NAPLES, FL 34108

TITLE S
NAME FRANK, BRYANT M
STREET ADDRESS 3400 EAST LAFAYETTE
CITY-ST-ZIP DETROIT, MI 48207

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IN THIS SPACE**

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 #

Bryant M. Frank 4/19/06