


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90046 003 \*\*\*150.00

DOCUMENT # F98000002845			
1. Entity Name CALI CORP. - COVINGTON ESTATES			
Principal Place of Business ATTN: TAX DEPT. 2701 CAMBRIDGE CT #300 AUBURN HILLS, MI 48326		Mailing Address ATTN: TAX DEPT. 2701 CAMBRIDGE CT #300 AUBURN HILLS, MI 48326	
2. Principal Place of Business - No P.O. Box # 755 W Big Beaver Rd Suite, Apt. #, etc. #1000 City & State Troy MI Zip 48084 Country USA		3. Mailing Address 755 W Big Beaver Rd Suite, Apt. #, etc. #1000 City & State Troy MI Zip 48084 Country USA	
6. Name and Address of Current Registered Agent LEE, RICHARD P ESQ 106 E COLLEGE AVE 1200 TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	AT PAUL, JIMMY 2701 CAMBRIDGE CT #300 AUBURN HILLS, MI 48326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T 755 W Big Beaver Rd #1000 Troy MI 48084 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T VANRAEMDONCK, LAURIE 2701 CAMBRIDGE COURT #300 AUBURN HILLS, MI 48326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P+5 755 W Big Beaver Rd #1000 Troy MI 48084 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

Treasurer 11/5/08 248-614-8250

Date

Daytime Phone #

ATTACHMENT  
40067873  
#F98000002845  
CALICORP - COVINGTON ESTATES

**BOARD OF DIRECTORS**

Phyllis A. Knight

**OFFICERS**

<b><u>Name</u></b>	<b><u>Title</u></b>
Laurie VanRaemdonck	President & Secretary
Jimmy Paul	Treasurer

**ADDRESS**

The address for all of the above individuals is:

**755 W Big Beaver Rd #1000  
Troy, MI 48084**