


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 11, 2005 8:00 am**  
**Secretary of State**

05-11-2005 90128 004 \*\*\*150.00

**DOCUMENT # F98000004121**

1. Entity Name  
**MERCHANDISING PRODUCTIONS, INC.**



Principal Place of Business <b>7575 EAST FULTON ROAD          TAX DEPT 56-2T          ADA, MI 49355</b>	Mailing Address <b>7575 EAST FULTON ROAD          TAX DEPT 56-2T          ADA, MI 49355</b>
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**50051747**



2. Principal Place of Business <b>7575 Fulton St E</b>	3. Mailing Address <b>7575 Fulton St E</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04272005 Chg-P CR2E034 (10/03)

4. FEI Number <b>38-2434043</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b> <b>C T CORPORATION SYSTEM          1200 SOUTH PINE ISLAND ROAD          PLANTATION, FL 33324</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PAYNE, JAMES B 7575 E FULTON RD. ADA, MI 49355 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7575 Fulton St E
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOHR, MICHAEL A 7575 EAST FULTON ROAD ADA, MI 49355 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7575 Fulton St E
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIVEEN, WILLIAM J JR. 7575 E FULTON RD. ADA, MI 49355 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7575 Fulton St E
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARDIS, CRAIG 7575 E. FULTON RD. ADA, MI 49355 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7575 Fulton St E
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MITCHELL, KIM S 7575 E. FULTON RD. ADA, MI 49355 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7575 Fulton St E
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT WITCHER, CRAIG V 7575 E FULTON RD ADA, MI 49355 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7575 Fulton St E

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:  **Craig V. Witcher**  
 Asst Treas **4/27/05** (616) 787-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #