


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 02, 2006 08:00 AM  
Secretary of State

<b>DOCUMENT # F98000004431</b> *1. Entity Name GODFREY TRANSPORT, INC.	
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Principal Place of Business 7735 WINTON DRIVE INDIANAPOLIS, IN 46268	Mailing Address ONE KELLOGG SQUARE BATTLE CREEK, MI 49016
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01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 35-2041186	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIDSON, BRADFORD ONE KELLOGG SQ BATTLECREEK, MI 49016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO PENEGOR, TODD ONE KELLOGG SQ BATTLE CREEK, MI 49016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PILNICK, GARY H 1 KELLOGG SQUARE BATTLECREEK, MI 490163599
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WITTENBURG, JOEL ONE KELLOGG SQ BATTLE CREEK, MI 49016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SPATZ, JOANNE 1 KELLOGG SQUARE BATTLECREEK, MI 490163599
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SCHELL, RICHARD ONE KELLOGG SQ BATTLE CREEK, MI 49016

000000453972  
03/14/06-80042-022 150.00

**DO NOT WRITE  
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:

 RICHARD SCHELL  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

269-461-3299