

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90748 045 ***150.00

DOCUMENT # F99000006541

1. Entity Name

GILMORE BROTHERS, INC.



Principal Place of Business

**210 FARMERS ALLEN
KALAMAZOO MI 49007**

Mailing Address

**210 FARMERS ALLEN
KALAMAZOO MI 49007**

2. Principal Place of Business

210 FARMERS ALLEY

Suite, Apt. #, etc.

3. Mailing Address

210 FARMERS ALLEY

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

KALAMAZOO MI

Zip **49007**

Country **USA**

City & State

KALAMAZOO MI

Zip **49007**

Country **USA**

4. FEI Number

38-0579100

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**

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

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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 **P** ☐ Delete
NAME **PHILLIPS, STEPHEN**
STREET ADDRESS **210 FARMERS ALLEY**
CITY-ST-ZIP **KALAMAZOO MI 49007**

TITLE **D** ☐ Change ☒ Addition
NAME **William PARFET**
STREET ADDRESS **59443 N. MAIN ST**
CITY-ST-ZIP **MATTAWAN, MI 49071**

TITLE **V** ☐ Delete
NAME **FURGASON, STACEY DAVIS**
STREET ADDRESS **210 FARMERS ALLEY**
CITY-ST-ZIP **KALAMAZOO MI 49007**

TITLE **D** ☐ Change ☒ Addition
NAME **R. TED PARFET**
STREET ADDRESS **15650 NORTHWOOD LN**
CITY-ST-ZIP **HICKORY CORNERS MI 49060**

TITLE **V** ☐ Delete
NAME **LIERMAN, DOROTHY**
STREET ADDRESS **210 FARMERS ALLEY**
CITY-ST-ZIP **KALAMAZOO MI 49007**

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

TITLE **D** ☐ Delete
NAME **BOUDEMAN, SHERWOOD M**
STREET ADDRESS **229 E. MICHIGAN SUITE 230**
CITY-ST-ZIP **KALAMAZOO MI 49007**

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

TITLE **D** ☐ Delete
NAME **DAWE, SHIRLEY ANN**
STREET ADDRESS **119 CRESCENT ROAD**
CITY-ST-ZIP **TORONTO ONTARIO CANADA**

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

TITLE **DCW** ☐ Delete
NAME **PARFET, MARTHA**
STREET ADDRESS **15650 NORTHWOOD LANE**
CITY-ST-ZIP **HICKORY CORNERS MI 49060**

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/04

269-373-2540