

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90450 048 \*\*\*158.75

**DOCUMENT # J36855**

1. Entity Name  
G.K.G.F. CORPORATION, INC.



Principal Place of Business  
303 MAIN STREET  
ROCHESTER, MI 48307

Mailing Address  
303 MAIN STREET  
ROCHESTER, MI 48307

**50015177**



04152006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-2727167

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

FURR & COHEN P.A.  
INTERSTATE PLAZA, SUITE 412  
1499 WEST PALMETTO PARK ROAD  
BOCA RATON, FL 33486

**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	SVD
NAME	MARSH, GARRY
STREET ADDRESS	2626 PEBBLE BEACH
CITY-ST-ZIP	OAKLAND, MI 48363
TITLE	PTD
NAME	STRAMAGLIA-MARSH, KATHERINE
STREET ADDRESS	2626 PEBBLE BEACH
CITY-ST-ZIP	OAKLAND, MI 48363
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Garry Marsh

Date

4/17/06 20065177

Daytime Phone #