

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90249 001 \*\*\*900.00

66013058



04132005 Chg-P CR2E034 (10/03)

4. FEI Number **65-0991757** Applied For ☐ Not Applicable ☐

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

## 6. Name and Address of Current Registered Agent

ANDREA, LAURIE  
2780 S HORSESHOE DR STE 7  
NAPLES, FL 34108

## 7. Name and Address of New Registered Agent

Name **Incorporating Services, Ltd.**

Street Address (P O. Box Number is Not Acceptable)  
**2855 Apalachee Parkway**

Bldg., A, Suite 16

City **Tallahassee** FL Zip Code **32301**

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 *Bernardo O. Porter*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/05

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE **VTD** ☒ Delete  
NAME **ANDREA, LAURIE**  
STREET ADDRESS **6921 COMPTON LANE**  
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE **D** ☒ Delete  
NAME **CRONE, WILLIAM G**  
STREET ADDRESS **555 MOORING LIME DR.**  
CITY-ST-ZIP **NAPLES, FL 34102**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ Change ☒ Addition  
NAME **Craig A. Vanderburg**  
STREET ADDRESS **755 W. Big Beaver, Suite 1700**  
CITY-ST-ZIP **Troy, MI 48084**

TITLE **SD** ☐ Change ☒ Addition  
NAME **James E. Baiers**  
STREET ADDRESS **755 W. Big Beaver, Suite 1700**  
CITY-ST-ZIP **Troy, MI 48084**

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

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

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

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 another like empowered.

SIGNATURE: *James E. Baiers* **James E. Baiers** 4/18/05 (248) 269-9600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #