

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 A
Secretary of State

DOCUMENT # P01000059067

1. Entity Name

**FOREMOST EXPRESS INSURANCE AGENCY OF
FLORIDA, INC.**



Principal Place of Business

**5600 BEECH TREE LN.
GRAND RAPIDS, MI 49501**

Mailing Address

**5600 BEECH TREE LN.
GRAND RAPIDS, MI 49501**

DO NOT WRITE IN THIS SPACE



03022007 No Chg-P CR2E034 (11/05)

4. FEI Number

38-3618037

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HANNIGAN, JOHN J
STREET ADDRESS 5600 BEECH TREE LN.
CITY-ST-ZIP GRAND RAPIDS, MI 49501

TITLE D
NAME WOULDSTRA, F. ROBERT
STREET ADDRESS 5600 BEECH TREE LN.
CITY-ST-ZIP GRAND RAPIDS, MI 49501

TITLE VD
NAME JOYNER, RONNIE L
STREET ADDRESS 5600 BEECH TREE LN.
CITY-ST-ZIP GRAND RAPIDS, MI 49501

TITLE D
NAME TREUL, NANCY H
STREET ADDRESS 5600 BEECH TREE LN.
CITY-ST-ZIP GRAND RAPIDS, MI 49501

TITLE D
NAME BOSHoven, STEVEN
STREET ADDRESS 4680 WILSHIRE BLVBD.
CITY-ST-ZIP LOS ANGELES, CA 90010

TITLE VD
NAME GOEDELman, MICHAEL KENT
STREET ADDRESS 3920 SEA EAGLE CIR.
CITY-ST-ZIP ST. AUGUSTINE, FL 32086

000000677305
03/30/07-80098-013 150.00

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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: *Jeffrey L Pepper*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey L Pepper 3-15-2007 (616) 956-3750

Date

Daytime Phone #