

2007 FOR PROFIT CORPORATION ANNUAL REPORT

8/31/2007-90002-049-\$150.00-\$150.00

DOCUMENT # P02297 1. Entity Name S.M. DIX & ASSOCIATES, INC.			
Principal Place of Business 6167 28TH STREET S.E. SUITE 14 GRAND RAPIDS, MI 49546		Mailing Address 6167 28TH STREET S.E. SUITE 14 GRAND RAPIDS, MI 49546	
2. Principal Place of Business - No P.O. Box # 9220 28th St SE		3. Mailing Address 9220 28th Street SE	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Ada, MI		City & State Ada, MI	
Zip 49301		Zip 49301	
Country USA		Country USA	
4. FEI Number 38-2522158		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. 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: <u><i>Judy Campbell</i></u> <u>Aug 28 - 2007</u> Signature, typed or printed name of registered agent and state is applicable. (If NOT Registered Agent signature required when corporation is NOT)			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME CAMPBELL, PETER J. ☒ Delete	STREET ADDRESS 6167 28TH ST SE SUITE 14 CITY-STATE-ZIP GRAND RAPIDS, MI 49546	TITLE P ☒ Change ☐ Addition	NAME Campbell, Peter J STREET ADDRESS 9220 28th Street SE CITY-STATE-ZIP Ada, MI 49301
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	STREET ADDRESS 	STREET ADDRESS 	STREET ADDRESS
CITY-STATE-ZIP 	CITY-STATE-ZIP 	CITY-STATE-ZIP 	CITY-STATE-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	STREET ADDRESS 	STREET ADDRESS 	STREET ADDRESS
CITY-STATE-ZIP 	CITY-STATE-ZIP 	CITY-STATE-ZIP 	CITY-STATE-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	STREET ADDRESS 	STREET ADDRESS 	STREET ADDRESS
CITY-STATE-ZIP 	CITY-STATE-ZIP 	CITY-STATE-ZIP 	CITY-STATE-ZIP
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: <u><i>Judy Campbell</i></u> <u>Judy Campbell 09/14/07</u>		SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR <u>616-897-9012</u>	

FILED

07 OCT -5 AM 8:25

CLERK OF STATE
TALLAHASSEE, FLORIDA



08282007 Chg-P CR2E034 (12/06)

Peter Campbell

Peter Campbell 10/2/07