

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P05735 1. Entity Name FOREMOST EXPRESS INSURANCE AGENCY, INC.	
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Principal Place of Business 5600 BEECH TREE LANE GRAND RAPIDS, MI 49501 US	Mailing Address 5600 BEECH TREE LANE P.O. BOX 2450 GRAND RAPIDS, MI 49501
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03022007 No Chg-P CR2E034 (11/05)

4. FEI Number 38-2505922	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

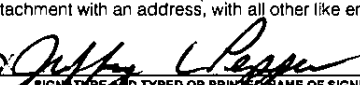
DO NOT WRITE IN THIS SPACE

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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOUDSTRA, F. ROBERT 5600 BEECH TREE LANE CALEDONIA, MI 49316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HANNIGAN, JOHN J 5600 BEECH TREE LANE CALEDONIA, MI 49316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SANDERS, KURT A 5600 BEECH TREE LANE CALEDONIA, MI 49316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TREUL, NANCY H 5600 BEECH TREE LANE CALEDONIA, MI 49316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BATEMAN, JOANN 5600 BEECH TREE LANE CALEDONIA, MI 49316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRIZZOLARA, A JOSEPH 5600 BEECH TREE LANE CALEDONIA, MI 49316

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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	Jeffrey L Pepper 3-15-2007 (616) 956-3750 Date Daytime Phone #