

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000045643

FILED  
Mar 08, 2010  
Secretary of State

Entity Name: B.S. JELTS, INC.

**Current Principal Place of Business:**

6075 WINGED FOOR DR.  
GRAND BLANC, MI 48439

**New Principal Place of Business:**

**Current Mailing Address:**

6075 WINGED FOOR DR.  
GRAND BLANC, MI 48439

**New Mailing Address:**

FEI Number: 20-4622467

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHULER, TIMOTHY C  
9075 SEMINOLE BOULEVARD  
SEMINOLE, FL 33772 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D  
Name: RACHOR, LUCINDA  
Address: 11262 TYRONE TRAIL  
City-St-Zip: FENTON, MI 48430

Title: D  
Name: PALM, JULIA  
Address: 14219 REBECCA COURT  
City-St-Zip: LARGO, FL 33774

Title: D  
Name: DAY, STEPHANIE  
Address: 5945 STOUT CREEK CT.  
City-St-Zip: BELMONT, MI 49306

Title: D  
Name: MCDONALD, ELIZABETH  
Address: 2180 CASCADE LAKES CIR.  
City-St-Zip: GRAND RAPIDS, MI 49546

Title: D  
Name: SMITH, TYLER  
Address: 1936 SE 21ST STREET  
City-St-Zip: CAPE CORAL, FL 33990

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TYLER SMITH

D

03/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date