

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90182 028 ***150.00

DOCUMENT # P06234

1. Entity Name
BESSER COMPANY



Principal Place of Business

**801 JOHNSON STREET
ALPENA, MI 49707**

Mailing Address

**801 JOHNSON STREET
ALPENA, MI 49707**

14020273



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

38-0346640

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	PARK, JAMES C	
STREET ADDRESS	801 JOHNSON ST.	
CITY-ST-ZIP	ALPENA, MI	
TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	ARBUCKLE, JAMES E	
STREET ADDRESS	801 JOHNSON STREET	
CITY-ST-ZIP	ALPENA, MI	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ESSEX, AMY E	
STREET ADDRESS	801 JOHNSON STREET	
CITY-ST-ZIP	ALPENA, MI	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARD, LUNO	
STREET ADDRESS	300 E MICHIGAN AVE STE 300	
CITY-ST-ZIP	LANSING, MI 48933	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUZZY, RICHARD W	
STREET ADDRESS	PO BOX 2099 N/A	
CITY-ST-ZIP	HOLLAND, MI	
TITLE	D	<input type="checkbox"/> Delete
NAME	KYEHN, GEORGE	
STREET ADDRESS	150 W. JEFFERSON STE 900	
CITY-ST-ZIP	DETROIT, MI 48226	

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORTIS, KEVIN	
STREET ADDRESS	801 JOHNSON ST.	
CITY-ST-ZIP	ALPENA MI 49707	
TITLE	CFO / SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUSCH, JULI	
STREET ADDRESS	801 JOHNSON STR.	
CITY-ST-ZIP	ALPENA MI 49707	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

Juli Musch JULI MUSCH APRIL 29, 2004 989-354-4111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #