

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90005 005 ***150.00

DOCUMENT # P13185

1. Entity Name
TRETTCO, INC.



Principal Place of Business
39395 W. 12 MILE ROAD
STE 101
FARMINGTON HILLS, MI 48331 US

Mailing Address
39395 W. 12 MILE ROAD
STE 101
FARMINGTON HILLS, MI 48331 US

44007546



01272004 No Chg-P CR2E034 (10/03)

4. FEI Number
38-1793419

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KING, JOHN H 18459 CLAREMONT CIRCLE EAST WEST BLOOMFIELD, MI 48322-Northville Twp MI 48167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SWEENEY, THOMAS F 3300 GAURDIAN BLDG DETROIT, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COUSINS, GEORGE A. (ASST) 2050 BLUE STONE LANE COMMERCE, MI 48390
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FOURNIER, JERRY L. 28899 OAK POINT FARMINGTON HILLS, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILLS, ROBERT A 7183 SILVER BEECH LANE WEST BLOOMFIELD, MI 48323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-2704

(248)324-9502