## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P30617

CEQUENT TOWING PRODUCTS, INC.

## FILED Feb 18, 2005 8:00 am Secretary of State

02-18-2005 90049 023 \*\*\*150.00

Principal Plac	ce of Business	Mailing Address						
39400 WOO SUITE 130	39400 WOODWARD AV SUITE 130			50017200				
BLOOMFIELD	D HILLS, MI 48304 US	BLOOMFIELD HILLS, M	N 48304	t US		INNI NINI NEN NINI NE	I BITH TITI	<b>31</b> 1 11 11 11 1
2. Principal Place of Business 3.		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CR2E034 (	10/03)	
City & State		City & State	City & State		4. FEI Number Applied For 38-2935446 Not Applied			
Zip	Country	Zîp	Coun	try	5. Certificate of Status Desired		<b>75</b> Add	tional
	6Name and Address of Current F	legistered Agent	1	<del>                                   </del>	7. Name and Address of Nev	Fee	Required	<u> </u>
	5:- IVAING BIIG AUGIGSS OF CUTTORY	egistered Agent		Name	7. Name and Address of Nev	r Hegistered Agen		
CT CORPORATION SYSTEM				Street Address (P.O. Box Number is Not Acceptable)				
1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				Sireet Address	s (F.O. Box Number is Not Accepta	ole)		
				City		FL	Zip Code	)
	e named entity submits this statement for	the purpose of changing its	s registere	ed office or regis	tered agent, or both, in the State of	Florida. I am famil	iar with, a	and accept
the obliga	tions of registered agent.				•			
SIGNATURE.	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOT	TE: Registere	per stutangis tregA b	ired when reinstating)	DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution					5.00 May Be			3.
	<u> </u>	•						
10.	OFFICERS AND DIRECTORS 11			_	ADDITIONS/CHANGES TO C			
TITLE NAME	BEARD, GRANT H	L.J Delete	□ Délete TITLE			LJ	Change	☐ Addition
STREET ADDRESS	1 7			ET ADDRESS				
CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48304		CITY	-ST-ZIP				
TITLE	DV	☐ Delete	Delete TITLE NAME STREE CITY-				Change	Addition Addition
NAME STREET ADDRESS	WOO, BENSON K							
CITY-SI-ZIP	39400 WOODWARD, SUITE 130 BLOOMFIELD HILLS, MI 48304							
TITLE	Ρ	☐ Delete	☐ Delete TITLE				Change	Addition
NAME	HAZLETT, SCOTT D		NAM	_				<del></del>
STREET ADDRESS	47774 ANCHOR COURT WEST PLYMOUTH, MI 48170			ET ADDRESS -				
TITLE	VT	☐ Delete	τιπμ				Change	☐ Addition
NAME	ZALUPSKI, ROBERT J	Li Ceidle	NAM				Silverige	requirion

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

STREET ADDRESS

STREET AODRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Defete

39400 WOODWARD AVE, SUITE 130

39400 WOODWARD AVE, SUITE 130

BLOOMFIELD HILLS, MI 48304

BLOOMFIELD HILLS, MI 48304

FULLMER, WILLIAM A

2/9/05

Daytime Phone #

☐ Change

Change

☐ Addition

Addition