

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90671 007 ***150.00

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1. Entity Name
D.R.S. REALTY COMPANY



Principal Place of Business
**8522 GOLFSIDE DR.
COMMERCE TWP., MI 48382 US**

Mailing Address
**8522 GOLFSIDE DR.
COMMERCE TWP., MI 48382 US**

DO NOT WRITE IN THIS SPACE

03252004 No Chg-P CR2E034 (10/03)

4. FEI Number
38-2114335

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional - Fee Required**

6. Name and Address of Current Registered Agent

**MAGUIRE, VERA
11500 S.W. KANNER HWY.
INDIANTOWN, FL 34956**

**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 Vera Maguire
Signature, typed or printed name of registered agent and title if applicable.

Vera Maguire
(NOTE: Registered Agent signature required when reinstating)

4-1-04
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	VS
NAME	SCHENK, BETTY I.
STREET ADDRESS	8522 GOLFSIDE DRIVE
CITY-ST-ZIP	COMMERCE TWP, MI
TITLE	P
NAME	SCHENK, TERESA I
STREET ADDRESS	2474 W. ROAD 8522 GOLFSIDE
CITY-ST-ZIP	GRAND JUNCTION, CO 81505 COMMERCE TWP, MI, 48382
TITLE	VT
NAME	SCHENK, CATHERINE
STREET ADDRESS	21033 W. GLEN HAVEN CIRCLE
CITY-ST-ZIP	NORTHVILLE, MI 48167
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Betty I. Schenk **BETTY I. SCHENK**, April 8, 2004 (248)363-6111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #