

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90110 042 ***150.00

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DOCUMENT # P39538 1. Entity Name BUYERS VEHICLE PROTECTION PLAN, INC.					
Principal Place of Business 22505 W 12 MILE ROAD SUITE 3000 SOUTHFIELD, MI 48034-8339 US			Mailing Address P O BOX 5070 SOUTHFIELD, MI 48086 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 38-2957446	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFTD DOUGLAS, W BUSK 6552 CANMOOR TROY, MI 48098	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer 25505 West Twelve Mile Road Southfield, MI 48034	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLUSKEY, KEITH 251 LINCOLN GROSSE POINTE, MI 48230	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	McCluskey, Keith 25505 W. 12 Mile Road Southfield, MI 48034	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FOSS, DONALD A 3101 WEST DOBSON ANN ARBOR, MI 48105	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	25505 W. 12 Mile Road Southfield, MI 48034	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEARCE, CHARLES A 1750 GLENEAGLES HIGHLAND, MI 48357	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	25505 W. 12 Mile Road Southfield, MI 48034	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Roberts, Brett A. 25505 West 12 Mile Road Southfield, MI 48034	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE 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:			Charles A. Pearce (248)353-2700		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		