

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 07, 2008 8:00 am
Secretary of State

08-07-2008 90062 037 ***150.00

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1. Entity Name
NOVO PRODUCTS, INC.



Principal Place of Business
**519 SW 31ST AVENUE
OCALA, FL 34474 US**

Mailing Address
**24800 DENSO DRIVE
SUITE 255
SOUTHFIELD, MI 48034**



07162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3298649

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T 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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES DAVID, KROHN 534 EAST 48TH ST. HOLLAND, MI 49423
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT GIBARATZ, SCOTT 24800 DENSO DRIVE SUITE 255 SOUTHFIELD, MI 48034
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SNELL, RICHARD 24800 DENSO DRIVE SUITE 255 SOUTHFILE, MI 48034
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS DICKINSON, DAN 1455 PENNSYLVANIA AVENUE, NW, SUITE 350 WASHINGTON, DC 20004
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 exemptions contained in Chapter 119, 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 #

7/23/08 249 204 8602