


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # V32706 1. Entity Name TEAM CANONIE, INC.	
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Principal Place of Business 225 N BROADWAY SUITE ONE SOUTH HAVEN, MI 49090	Mailing Address 225 N BROADWAY SUITE ONE SOUTH HAVEN, MI 49090
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DO NOT WRITE IN THIS SPACE



02052007 No Chg-P CR2E034 (11/05)

4. FEI Number 38-3061826	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000626813
 02/15/07-80034-022 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CANONIE, TONY JR 225 N BROADWAY, SUITE 1 SOUTH HAVEN, MI 49090
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST OVERHUEL, JANET L 225 N BROADWAY, SUITE 1 SOUTH HAVEN, MI 49090
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELIX, RONALD A 331 AVES DAIRY RD, UNIT 1 N MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROY, ERIC P 5626 LOCH MORE CT. DUBLIN, OH 43017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **2-5-07** **269-639-1111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Tony Canonie Jr. - President/Director** Date: _____ Daytime Phone #: _____