

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002324

Entity Name: HIGHSTREET INSURANCE SERVICES GREAT LAKES INC.**Current Principal Place of Business:**305 W. FRONT ST., #201
TRAVERSE CITY, MI 49684**Current Mailing Address:**305 W. FRONT ST., #201
TRAVERSE CITY, MI 49684 US**FEI Number: 35-2171610****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**REGISTERED AGENT SOLUTIONS, INC.
2894 REMINGTON GREEN LANE
SUITE A
TALLAHASSEE, FL 32308 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	MUTH, DENNIS J
Address	305 W. FRONT ST., #201
City-State-Zip:	TRAVERSE CITY MI 49684

Title	VP
Name	MCGREGOR, STEVE W
Address	305 W. FRONT ST., #201
City-State-Zip:	TRAVERSE CITY MI 49684

Title	VP
Name	PAULUS, RAQUEL
Address	305 W. FRONT ST., #201
City-State-Zip:	TRAVERSE CITY MI 49684

Title	CEO
Name	WICK, SCOTT M
Address	305 W. FRONT ST., #201
City-State-Zip:	TRAVERSE CITY MI 49684

Title	CFO, TRES
Name	TUIT, DAVID J
Address	305 W. FRONT ST., #201
City-State-Zip:	TRAVERSE CITY MI 49684

Title	VP
Name	WESTMAN, DONN S
Address	305 W. FRONT ST., #201
City-State-Zip:	TRAVERSE CITY MI 49684

Title	COO & SECY
Name	GOODREAU, SCOTT W
Address	305 W. FRONT ST., #201
City-State-Zip:	TRAVERSE CITY MI 49684

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DENNIS J MUTH**PRESIDENT****04/21/2025**

Electronic Signature of Signing Officer/Director Detail

Date