


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # 849021 1. Entity Name KAMMINGA & ROODVOETS, INC. |  |
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| Principal Place of Business 3435 BROADMOOR, S.E. GRAND RAPIDS, MI 49512 | Mailing Address 3435 BROADMOOR, S.E. GRAND RAPIDS, MI 49512 |
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02032004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 38-1808100 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent TIDEY, MARCUS B 5501 DOWNING RD PLANT CITY, FL 33566 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature: typed or printed name of registered agent and title if applicable.

**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 NAME STREET ADDRESS CITY-ST-ZIP | V TIDEY, MARCUS 5501 DOWNING ROAD PLANT CITY, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD STEIGENGA, RICHARD 411-92ND STREET SE. BYRON CENTER, MI |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD KLYNSTA, KRAIG 1921 THORNAPPLE SE GRAND RAPIDS, MI |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD POLL, KURT 8890 SOUTH RIDGE CT SW BYRON CENTER, MI 49315 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD WORKMAN, RANDY 3660 84TH STREET CALEDONIA, MI 49316 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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05/05/04-80072-005 158.75

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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: Kraig L. Klynstra KRAIG L. KLYNSTRA 4/30/04 616-949-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #