

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT# 849021

1. Entity Name  
KAMMINGA & ROODVOETS, INC.



Principal Place of Business  
3435 BROADMOOR, S.E.  
GRAND RAPIDS, MI 49512

Mailing Address  
3435 BROADMOOR, S.E.  
GRAND RAPIDS, MI 49512



04212007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
38-1808100

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

TIDEY, MARCUS B  
2945 SADDLE RIDGE LN  
LAKELAND, FL 33810

**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 Marcus B. Tidey, Jr. V.P. DATE 4/21/07

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  
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	TIDEY, MARCUS
STREET ADDRESS	5501 DOWNING ROAD
CITY-ST-ZIP	PLANT CITY, FL
TITLE	C
NAME	STEIGENGA, RICHARD
STREET ADDRESS	411-92ND STREET SE.
CITY-ST-ZIP	BYRON CENTER, MI
TITLE	STD
NAME	KLYNSTA, KRAIG
STREET ADDRESS	1921 THORNAPPLE SE
CITY-ST-ZIP	GRAND RAPIDS, MI
TITLE	P
NAME	POLL, KURT
STREET ADDRESS	8890 SOUTH RIDGE CT SW
CITY-ST-ZIP	BYRON CENTER, MI 49315
TITLE	VD
NAME	WORKMAN, RANDY
STREET ADDRESS	3660 84TH STREET
CITY-ST-ZIP	CALEDONIA, MI 49316
TITLE	VD
NAME	TIDEY, MARCUS B JR
STREET ADDRESS	2945 SADDLE RIDGE LN
CITY-ST-ZIP	LAKELAND, FL 33810

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05/25/07-80004-012 158.75

**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:

Kraig L. Klynstra

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kraig L. Klynstra, Secretary 4/21/07 616-9490800

Date

Daytime Phone #