


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

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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04042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-1808100	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TIDEY, MARCUS B 2945 SADDLE RIDGE LN LAKELAND, FL 33810
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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 <u>Marcus B. Tidey Jr. V.P.</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <u>4/11/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	C 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	P 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	VD TIDEY, MARCUS B JR 2945 SADDLE RIDGE LN LAKELAND, FL 33810

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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: <u>Kraig L. Klynstra</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>4/11/08</u> Daytime Phone # <u>616 949-0800</u>