

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 849021

FILED  
Feb 12, 2009  
Secretary of State

Entity Name: KAMMINGA & ROODVOETS, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 38-1808100

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: V (X) Delete  
Name: TIDEY, MARCUS,  
Address: 5501 DOWNING ROAD  
City-St-Zip: PLANT CITY, FL

Title: C ( ) Delete  
Name: STEIGENGA, RICHARD,  
Address: 411-92ND STREET SE.  
City-St-Zip: BYRON CENTER, MI

Title: STD ( ) Delete  
Name: KLYNSTA, KRAIG,  
Address: 1921 THORNAPPLE SE  
City-St-Zip: GRAND RAPIDS, MI

Title: P ( ) Delete  
Name: POLL, KURT  
Address: 8890 SOUTH RIDGE CT SW  
City-St-Zip: BYRON CENTER, MI 49315

Title: VD ( ) Delete  
Name: WORKMAN, RANDY  
Address: 3660 84TH STREET  
City-St-Zip: CALEDONIA, MI 49316

Title: VD ( ) Delete  
Name: TIDEY, MARCUS B JR  
Address: 2945 SADDLE RIDGE LN  
City-St-Zip: LAKELAND, FL 33810

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD (X) Change ( ) Addition  
Name: KLYNSTRA, KRAIG,  
Address: 1921 THORNAPPLE SE  
City-St-Zip: GRAND RAPIDS, MI

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KRAIG KLYNSTRA

STD

02/12/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date