


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000003701			
1. Entity Name VANDERHOOK COMPANY, INC.			
Principal Place of Business 539 ASHMUN STREET SAULT STE MARIE MI 49783		Mailing Address 539 ASHMUN STREET SAULT STE MARIE MI 49783	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 38-2015285		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent GAMBERT, WILLIAM N 629 NORTH PENINSULA AVENUE DAYTONA BEACH FL 32118		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, THOMAS C		NAME		
STREET ADDRESS	3316 SHERMAN PARK DR.		STREET ADDRESS		
CITY-ST-ZIP	SAULT STE MARIE MI		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, HENRIETTA		NAME		
STREET ADDRESS	3316 SHERMAN PARK DR.		STREET ADDRESS		
CITY-ST-ZIP	SAULT STE MARIE MI		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, THOMAS D		NAME		
STREET ADDRESS	817 RYAN		STREET ADDRESS		
CITY-ST-ZIP	SAULT STE MARIE MI		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, SHARON		NAME		
STREET ADDRESS	817 RYAN		STREET ADDRESS		
CITY-ST-ZIP	SAULT STE MARIE MI		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Thomas C Robinson President 4/28/05 906-632-7782
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #