

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003762

FILED
Apr 24, 2009
Secretary of State

Entity Name: WM. CROOK FIRE PROTECTION CO.

Current Principal Place of Business:

211 E LINCOLN
ROYAL OAK, MI 48067

New Principal Place of Business:

Current Mailing Address:

211 E LINCOLN
ROYAL OAK, MI 48067

New Mailing Address:

FEI Number: 38-1710758 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CPT () Delete
Name: CROOK, GARRETT W
Address: 1094 SUFFIELD
City-St-Zip: BIRMINGHAM, MI 48009

Title: VCS () Delete
Name: CROOK, GARRETT W JR
Address: 4439 BERKSHIRE
City-St-Zip: ROYAL OAK, MI 48073

Title: D () Delete
Name: CROOK, JASON
Address: 322 DEWEY STREET
City-St-Zip: ROYAL OAK, MI 48067

Title: D () Delete
Name: CROOK, MICHAEL P
Address: 48794 POINTE LAKEVIEW
City-St-Zip: CHESTERFIELD, MI 48843

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D () Change (X) Addition
Name: TRYTHALL, JAMES J
Address: 27840 REO ROAD
City-St-Zip: GROSS ILE, MI 48138

Title: D () Change (X) Addition
Name: LEE, MICHAEL A
Address: 4061 CAMERON COURT
City-St-Zip: MILFORD, MI 48381

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: GARRETT W. CROOK

CPT

04/24/2009

Electronic Signature of Signing Officer or Director

_____ Date