

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F21000005789

**Entity Name:** HOOKER DEJONG, INC.**Current Principal Place of Business:**316 MORRIS AVE STE 410  
MUSKEGON, MI 49440**Current Mailing Address:**316 MORRIS AVENUE STE 410  
MUSKEGON, MI 49440 US**FEI Number:** 38-2362488**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENTS INC.  
7901 4TH ST N STE 300  
ST. PETERSBURG, FL 33702 US*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LAYMAN, DAVID  
Address        316 MORRIS AVE STE 410  
City-State-Zip: MUSKEGON MI 49440

Title            SECRETARY  
Name            MARING, ERIC  
Address        316 MORRIS AVE STE 410  
City-State-Zip: MUSKEGON MI 49440

Title            TREASURER  
Name            GUSTAFSON, ROBERT  
Address        316 MORRIS AVE STE 410  
City-State-Zip: MUSKEGON MI 49440

Title            DIRECTOR  
Name            MOE, STEVEN  
Address        316 MORRIS AVE STE 410  
City-State-Zip: MUSKEGON MI 49440

Title            DIRECTOR  
Name            BENTSEN, LANE  
Address        316 MORRIS AVE STE 410  
City-State-Zip: MUSKEGON MI 49440

Title            DIRECTOR  
Name            BOUCHER, BRION  
Address        316 MORRIS AVE STE 410  
City-State-Zip: MUSKEGON MI 49440

Title            DIRECTOR  
Name            HOEHN, BRIAN  
Address        316 MORRIS AVE STE 410  
City-State-Zip: MUSKEGON MI 49440

Title            DIRECTOR  
Name            KOMAR, PHIL  
Address        316 MORRIS AVE STE 410  
City-State-Zip: MUSKEGON MI 49440

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*I hereby 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 all other like empowered.*

**SIGNATURE: DAVID LAYMAN****PRESIDENT****04/07/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                KELDERHOUSE, PATRICK  
Address             316 MORRIS AVE STE 410  
City-State-Zip:    MUSKEGON MI 49440

Title                 DIRECTOR  
Name                HAHN, JOSHUA  
Address             316 MORRIS AVE STE 410  
City-State-Zip:    MUSKEGON MI 49440

Title                 DIRECTOR  
Name                KUIPER, ISAAC  
Address             316 MORRIS AVE STE 410  
City-State-Zip:    MUSKEGON MI 49440