

2023 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 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

Title DIRECTOR
Name KELDERHOUSE, PATRICK
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****03/06/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KUIPER, ISAAC
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