


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # 828160
 1. Entity Name
E. AND F. AGENCY, INC.



Principal Place of Business Mailing Address
 28833 TELEGRAPH 28833 TELEGRAPH
 SOUTHFIELD, MI 48034 US SOUTHFIELD, MI 48034 US

DO NOT WRITE IN THIS SPACE



01302004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
38-1850165 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 HOEMKE, DON W
 7760 PINE TREE DR
 SARASOTA, FL 34243

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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, 2004 Fee will be \$550.00

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

U00000037067
 02/06/04-80084-007 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRETTER, ELMA M 28833 TELEGRAPH SOUTHFIELD, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRETTER, LAURA 28833 TELEGRAPH SOUTHFIELD, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRETTER, ELMA M. 28833 TELEGRAPH SOUTHFIELD, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRETTER, LAURA 28833 TELEGRAPH SOUTHFIELD, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRETTER, OLIVER L 28833 TELEGRAPH SOUTHFIELD, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *O.L. Fretter* O.L. Fretter 2-1-04 248-353-8914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #