


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90034 026 \*\*\*150.00

**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**


2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

40010000



02012006      Chg-P      CR2E034 (11/05)

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**

**7. Name and Address of New Registered Agent**

Name      **Don Hoemke**

Street Address (P.O. Box Number is Not Acceptable)

**7766 Pine Trace Drive**

City      **Sarasota**      FL      Zip Code      **34243**

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: *Don W. Hoemke*      **FEB 6, 2006**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	FRETTER, ELMA M	
STREET ADDRESS	28833 TELEGRAPH	
CITY-ST-ZIP	SOUTHFIELD, MI	
TITLE	S	<input type="checkbox"/> Delete
NAME	FRETTER, LAURA	
STREET ADDRESS	28833 TELEGRAPH	
CITY-ST-ZIP	SOUTHFIELD, MI	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRETTER, ELMA M.	
STREET ADDRESS	28833 TELEGRAPH	
CITY-ST-ZIP	SOUTHFIELD, MI	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRETTER, LAURA	
STREET ADDRESS	28833 TELEGRAPH	
CITY-ST-ZIP	SOUTHFIELD, MI	
TITLE	V	<input type="checkbox"/> Delete
NAME	FRETTER, OLIVER L	
STREET ADDRESS	28833 TELETRAPH	
CITY-ST-ZIP	SOUTHFIELD, MI	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Howard O. Fretter	
STREET ADDRESS	28833 Telegraph	
CITY-ST-ZIP	Southfield MI 48034	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer & Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Oliver L. Fretter	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *[Signature]*      **2-6-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #