

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # 830666

1. Entity Name
DOUGLAS N. HIGGINS INC.



Principal Place of Business
**3390 TRAVIS POINTE RD.,
SUITE A
ANN ARBOR, MI 48108 US**

Mailing Address
**3390 TRAVIS POINTE RD.
SUITE A
ANN ARBOR, MI 48108 US**



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number **38-1807765** Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CFRA, LLC
CORPORATE CENTER THREE AT INT'L PLAZA
4221 W. BOY SCOUT BLVD, 10TH FLOOR
TAMPA, FL 33607-5736**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2008 Fee will be \$550.00**

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

U00000775103
01/08/08-80016-015 158.75

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	SWEET, JAMES H.
STREET ADDRESS	9462 HIDDEN LAKE CIRCLE
CITY-ST-ZIP	DEXTER, MI
TITLE	ST
NAME	HAWKER, SUZANNE
STREET ADDRESS	9462 HIDDEN LAKE CIRCLE
CITY-ST-ZIP	DEXTER, MI
TITLE	PD
NAME	HIGGINS, DOUGLAS N
STREET ADDRESS	3390 TRAVIS POINTE RD., SUITE A
CITY-ST-ZIP	ANN ARBOR, MICH 00000,
TITLE	V
NAME	WILKIE, KELLY
STREET ADDRESS	3390 TRAVIS POINTE RD / #A
CITY-ST-ZIP	ANN ARBOR, MI 48108
TITLE	V
NAME	HIGGINS, DANIEL
STREET ADDRESS	3390 TRAVIS POINTE RD. SUITE A
CITY-ST-ZIP	ANN ARBOR, MI 48108
TITLE	V
NAME	WILLIAM, HIGGINS
STREET ADDRESS	3390 TRAVIS POINTE RD/ #A
CITY-ST-ZIP	ANN ARBOR, MI 48108

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-08 (734) 996-9500

Date

Daytime Phone #