

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002365

FILED
Jan 25, 2005
Secretary of State

Entity Name: MICHIGAN COMMONWEALTH ASSOCIATES, INC.

Current Principal Place of Business:

2700 WEST ARGYLE STREET
JACKSON, MI 492041124

New Principal Place of Business:

Current Mailing Address:

PO BOX 1124
JACKSON, MI 492041124

New Mailing Address:

FEI Number: 38-2809676

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DECOSTA, DENNIS F
Address: 3482 HATCH ROAD
City-St-Zip: HORTON, MI 49246

Title: DVP () Delete
Name: MOOBERRY, DAVID G
Address: 311 S. BROWN STREET
City-St-Zip: JACKSON, MI 49203

Title: DS () Delete
Name: ARNOLD, STEPHEN W
Address: 3301 WHIPPLE
City-St-Zip: JACKSON, MI 49201

Title: T () Delete
Name: OLFIER, CONRAD C
Address: 8949 MOTT DRIVE
City-St-Zip: JACKSON, MI 49201

Title: ATD () Delete
Name: SHAFER, DAVID A
Address: 177 COTTAGE DRIVE
City-St-Zip: HORTON, MI 49246

Title: D () Delete
Name: COLLINS, RICHARD N
Address: 6546 FLAMINGO DRIVE
City-St-Zip: JACKSON, MI 49201

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DENNIS F DECOSTA

DP

01/25/2005

Electronic Signature of Signing Officer or Director

_____ Date