


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 822406</b> 1. Entity Name FLOYD RICE REALTY COMPANY	
-------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 1835 MAPLELAWN TROY, MI 48084	Mailing Address PO BOX 25 TROY, MI 48099
-----------------------------------------------------------------	------------------------------------------------

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 38-1253640	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
----------------------------------------------------------------------------------------------------------------------------------

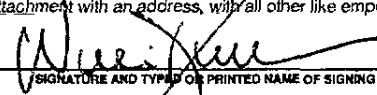
<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
-------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FULLER, HOLLY PO BOX 25 TROY, MI 48099
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD FULLER, WILLIAM E. 1100 WESTWOOD BIRMINGHAM, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FULLER, W. JUDSON PO BOX 25 TROY, MI 48099
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000173848 01/07/05-80034-014 150.00</p> <b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------------------------------------------------------------

12. I hereby certify that the information supplied with this filing does not qualify 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 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.			
<b>SIGNATURE:</b> 	William E. Fuller	01/03/05	248 649-7016
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>