


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 828160 1. Entity Name E. AND F. AGENCY, INC.		
Principal Place of Business 28833 TELEGRAPH SOUTHFIELD MI 48034 US		Mailing Address 28833 TELEGRAPH SOUTHFIELD MI 48034 US
2. Principal Place of Business Suite, Apt #, etc.		3. Mailing Address Suite, Apt #, etc.
City & State		City & State
Zip	Country	Zip
Country		Country



1st MOORE CR2E034 (10/04)

4. FEI Number 38-1850165		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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 Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P FRETTER, ELMA M <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000246203 02/28/05-80056-021 150.00
STREET ADDRESS	28833 TELEGRAPH	NAME	
CITY - ST - ZIP	SOUTHFIELD MI	STREET ADDRESS	
		CITY - ST - ZIP	
TITLE	S FRETTER, LAURA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRETTER, LAURA	NAME	
STREET ADDRESS	28833 TELEGRAPH	STREET ADDRESS	
CITY - ST - ZIP	SOUTHFIELD MI	CITY - ST - ZIP	
TITLE	D FRETTER, ELMA M. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRETTER, ELMA M.	NAME	
STREET ADDRESS	28833 TELEGRAPH	STREET ADDRESS	
CITY - ST - ZIP	SOUTHFIELD MI	CITY - ST - ZIP	
TITLE	D FRETTER, LAURA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRETTER, LAURA	NAME	
STREET ADDRESS	28833 TELEGRAPH	STREET ADDRESS	
CITY - ST - ZIP	SOUTHFIELD MI	CITY - ST - ZIP	
TITLE	V FRETTER, OLIVER L <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRETTER, OLIVER L	NAME	
STREET ADDRESS	28833 TELETRAPH	STREET ADDRESS	
CITY - ST - ZIP	SOUTHFIELD MI	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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.

SIGNATURE: *[Signature]* 2-21-05 248-353-8914

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