


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: *Oliver L. Fretter* **2-6-06**

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