


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2008 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**

DO NOT WRITE IN THIS SPACE



01212008 No Chg-P CR2E034 (11/05)

4. FEI Number
38-1850165

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HOEMKE, DON
7766 PINE TRACE DR
SARASOTA, FL 34243**

**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 \$350.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FRETTER, ELMA M
STREET ADDRESS	28833 TELEGRAPH
CITY-STATE-ZIP	SOUTHFIELD, MI
TITLE	S
NAME	FRETTER, LAURA
STREET ADDRESS	28833 TELEGRAPH
CITY-STATE-ZIP	SOUTHFIELD, MI
TITLE	D
NAME	FRETTER, ELMA M.
STREET ADDRESS	28833 TELEGRAPH
CITY-STATE-ZIP	SOUTHFIELD, MI
TITLE	D
NAME	FRETTER, LAURA
STREET ADDRESS	28833 TELEGRAPH
CITY-STATE-ZIP	SOUTHFIELD, MI
TITLE	TVP
NAME	FRETTLER, OLIVER L
STREET ADDRESS	28833 TELEGRAPH
CITY-STATE-ZIP	SOUTHFIELD, MI 48034
TITLE	VP
NAME	FRETTER, HOWARD O
STREET ADDRESS	28833 TELEGRAPH
CITY-STATE-ZIP	SOUTHFIELD, MI 48034

**DO NOT WRITE
IN THIS SPACE**

000000819737
02/15/08-80093-017-150.00

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:  **2-1-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date System Prefix #