

**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



01212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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02/15/08-80093-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-1-08