

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90046 044 ***158.75

DOCUMENT # F03000005230

1. Entity Name
MICHIGAN MUTUAL INC.



Principal Place of Business
**800 MICHIGAN STREET
PORT HURON, MI 48060**

Mailing Address
**800 MICHIGAN STREET
PORT HURON, MI 48060**

DO NOT WRITE IN THIS SPACE



02042005 No Chg-P CR2E034 (10/03)

4. FEI Number
38-3092473

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FLORIDA FILING & SEARCH SERVICES, INC.
1333 NORTH DUVAL STREET
TALLAHASSEE, FL 32303**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCDEVIA, JAMES V
18161 E. EIGHT MILE ROAD
EASTPOINTE, MI 48021**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
WALKER, MARK M
800 MICHIGAN STREET
PORT HURON, MI 48060**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPS
WALKER, HALE H
800 MICHIGAN STREET
PORT HURON, MI 48060**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AVP
CANSFIELD, MICHAEL J
800 MICHIGAN STREET
PORT HURON, MI 48060**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPT
FOSGARD, RANDY R
800 MICHIGAN STREET
PORT HURON, MI 48060**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 empowerments.

SIGNATURE:

Hale H. Walker, Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/04/05 (810) 982-9948

Date

Daytime Phone #

Hale H. Walker, Sr. Vice President/Secretary