


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90066 008 ***150.00

DOCUMENT # F05000000541 1. Entity Name ETS CORPORATION OF DETROIT					
Principal Place of Business 120 SR 312 W., STE 1 ST AUGUSTINE, FL 32086			Mailing Address 120 SR 312 W., STE 1 ST AUGUSTINE, FL 32086		
2. Principal Place of Business - No P.O. Box # 320 HIGH TIDE DR		3. Mailing Address (SAME)			
Suite, Apt. #, etc. SUITE 201		Suite, Apt. #, etc.			
City & State ST. AUGUSTINE, FL		City & State			
Zip 32080		Country ST. JOHNS		Zip	
Country		Country			
6. Name and Address of Current Registered Agent TAYLOR, DAIL A 120 SR 312 W., STE 1 ST AUGUSTINE, FL 32086			7. Name and Address of New Registered Agent Name (ADDRESS CHANGE ONLY) Street Address (P.O. Box Number is Not Acceptable) 320 HIGH TIDE DRIVE SUITE 201 City ST. AUGUSTINE FL Zip Code 32080		
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 <u><i>Dail A Taylor</i></u> 2/8/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONTRERAS, VALENTE E <input type="checkbox"/> Delete 120 SR 312 W., STE 1 ST AUGUSTINE, FL 32086		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 320 HIGH TIDE DRIVE, SUITE 201 ST AUGUSTINE, FL 32080	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 or other like empowered.					
SIGNATURE: <u><i>[Signature]</i></u> 2/8/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					