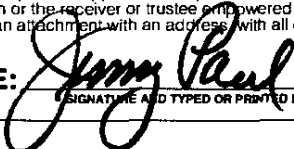


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90075 008 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                              |                                                                                                                     |                                                                                         |                                                                                                                                      |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # F70522</b><br>1. Entity Name<br><b>THE OKAHUMPKA CORPORATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                              |                                                                                                                     |                                                                                         |                                                     |  |
| Principal Place of Business<br><b>2701 CAMBRIDGE CT<br/>SUITE 300<br/>AUBURN HILLS, MI 48326 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                              |                                                                                                                     | Mailing Address<br><b>2701 CAMBRIDGE CT<br/>SUITE 300<br/>AUBURN HILLS, MI 48326 US</b> |                                                                                                                                      |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                              |                                                                                                                     | 3. Mailing Address<br>Suite, Apt. #, etc.                                               |                                                                                                                                      |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                              |                                                                                                                     | City & State                                                                            |                                                                                                                                      |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                              | Country                                                                                                             |                                                                                         | 4. FEI Number<br><b>59-2175753</b>                                                                                                   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                              |                                                                                                                     |                                                                                         | Applied For<br>Not Applicable                                                                                                        |  |
| 6. Name and Address of Current Registered Agent<br><b>CT CORPORATION SYSTEM<br/>1200 S. PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                              |                                                                                                                     |                                                                                         | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |                                                                                                                     |                                                                                         |                                                                                                                                      |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                              | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                         |                                                                                                                                      |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |                                                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                            |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>AT<br/>PAUL, JIMMY<br/>2701 CAMBRIDGE CT SUITE 300<br/>AUBURN HILLS, MI 48326</b>         | <input type="checkbox"/> Delete                                                                                     |                                                                                         |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>PSD<br/>COLLINS, JOHN J JR<br/>2701 CAMBRIDGE CT SUITE 300<br/>AUBURN HILLS, MI 48326</b> | <input type="checkbox"/> Delete                                                                                     |                                                                                         |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>TCFO<br/>KNIGHT, PHYLLIS A<br/>2701 CAMBRIDGE CT#300<br/>AUBURN HILLS, MI 48326</b>       | <input type="checkbox"/> Delete                                                                                     |                                                                                         |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                   |                                                                                         |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                   |                                                                                         |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                   |                                                                                         |                                                                                                                                      |  |
| 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 empowered. |                                                                                              |                                                                                                                     |                                                                                         |                                                                                                                                      |  |
| <b>SIGNATURE:</b>  <b>Jimmy Paul</b> <b>1/7/04</b> <b>248-340-7153</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                              |                                                                                              |                                                                                                                     |                                                                                         |                                                                                                                                      |  |

Attachment

F 70522

**THE OKAHUMPKA CORPORATION**

**BOARD OF DIRECTORS**

John J. Collins, Jr.

**OFFICERS**

| <u>Name</u>          | <u>Title</u>                              |
|----------------------|-------------------------------------------|
| John J. Collins, Jr. | President, Secretary &<br>General Counsel |
| Phyllis A. Knight    | Treasurer & CFO                           |
| Jimmy Paul           | Assistant Treasurer                       |

**ADDRESS**

The address for all of the above individuals is:

**2701 Cambridge Court, Suite 300  
Auburn Hills, MI 48326**