


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # F94000001953 1. Entity Name AGREE REALTY CORPORATION	
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Principal Place of Business 31850 NORTHWESTERN HIGHWAY FARMINGTON HILLS, MI 48334	Mailing Address 31850 NORTHWESTERN HIGHWAY FARMINGTON HILLS, MI 48334
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03222005 No Chg-P CR2E034 (10/03)

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4. FEI Number 38-3148187	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS ST.
 SUITE 105
 TALLAHASSEE, FL 32301

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

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	PD AGREE, RICHARD 31850 NORTHWESTERN HWY. FARMINGTON HILLS, MI 48344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVERMAN, GENE 31850 NORTHWESTERN HWY. FARMINGTON HILLS, MI 48344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HOWE, KENNETH 31850 NORTHWESTERN HWY. FARMINGTON HILLS, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KALIL FARRIS G 31850 NORTHWESTERN HWY. FARMINGTON HILLS, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTCHFORD, MICHAEL 31850 NORTHWESTERN HWY. FARMINGTON HILLS, MI 48344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WACHS, ELLIS G 31850 NORTHWESTERN HWY. FARMINGTON HILLS, MI 48344

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 04/12/05-80029-016 158.75

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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.

SIGNATURE: Kenneth R. Howe 4/1/05 248-737-4190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #