


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000003623		
1. Entity Name MICHIGAN LECO CORPORATION		
Principal Place of Business 3000 LAKEVIEW AVE. ST. JOSEPH, MI 49085 US		Mailing Address 3000 LAKEVIEW AVE. ST. JOSEPH, MI 49085
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARREN, ROBERT J 3000 LAKEVIEW AVE. ST. JOSEPH, MI 49085	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV WARREN, ELIZABETH S 3000 LAKEVIEW AVE. ST. JOSEPH, MI 49085	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DELONG, ROBERT S 3000 LAKEVIEW AVE. ST. JOSEPH, MI 49085	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WARREN, ELIZABETH S 3000 LAKEVIEW AVE. ST. JOSEPH, MI 49085	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Robert S. Delong</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



07052005 No Chg-P CR2E034 (10/03)

4. FEI Number 38-0738518	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

U00000372151
07/11/05-80020-008 550.00

**DO NOT WRITE
IN THIS SPACE**

7/6/05 269-982-2222
Date Daytime Phone #