


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # F97000002040		
1. Entity Name PN HOLDINGS, INC.		

Principal Place of Business <input type="checkbox"/>	Mailing Address
3767 RANCHERO DRIVE ANN ARBOR MI 48108-2770	3767 RANCHERO DRIVE ANN ARBOR MI 48108-2770

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent	
PELICAN NATIONAL BANK 811 ANCHOR RODE DRIVE NAPLES FL 34103	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	CP <input type="checkbox"/> Delete
NAME	HUFFMAN, CHARLES C
STREET ADDRESS	315 EAST EISENHOWER
CITY - ST - ZIP	ANN ARBOR MI 48108
TITLE	D <input type="checkbox"/> Delete
NAME	HUFFMAN, R.C.
STREET ADDRESS	315 EAST EISEN HOWER
CITY - ST - ZIP	ANN ARBOR MI 48108
TITLE	V <input type="checkbox"/> Delete
NAME	HOWARD, NATHAN
STREET ADDRESS	315 EAST EISEN HOWER
CITY - ST - ZIP	ANN ARBOR MI 48108
TITLE	DS <input type="checkbox"/> Delete
NAME	RALEIGH, ALLEN
STREET ADDRESS	315 EAST EISEN HOWER
CITY - ST - ZIP	ANN ARBOR MI 48108
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Howard Nathan</i>	2/15/05	734-205-1748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone if