


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90121 034 ***150.00

DOCUMENT # P05000146774					
1. Entity Name MICHFA, INC.					
Principal Place of Business 5307 PALEO PINE CIRCLE FORT PIERCE, FL 34951			Mailing Address 5307 PALEO PINE CIRCLE FORT PIERCE, FL 34951		
2. Principal Place of Business - No P.O. Box # 5824 SPRING LAKE TERRACE Suite, Apt. #, etc.		3. Mailing Address 5824 SPRING LAKE TERRACE Suite, Apt. #, etc.			
City & State FORT PIERCE FL		City & State FORT PIERCE FL		4. FEI Number 20-4352455	
Zip 34951		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LONG, JR., JAMES T 5307 PALEO PINE CIRCLE FORT PIERCE, FL 34951			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5824 SPRING LAKE TERRACE City FORT PIERCE FL Zip Code 34951		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME LONG, JAMES T STREET ADDRESS 6860 NORTHCREST WAY EAST CITY-ST-ZIP CLARKSTON, MI 48346	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME LONG, JAMES T JR STREET ADDRESS 5307 PALEO PINES CIR CITY-ST-ZIP FORT PIERCE, FL 34951	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 5824 SPRING LAKE TERRACE CITY-ST-ZIP FORT PIERCE, FL 34951	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME FENELEY, CATHERINE S STREET ADDRESS 5679 CORUNNA AVE CITY-ST-ZIP CLARKSTON, MI 48346	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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 all other like empowered.					
SIGNATURE: <u>Catherine S. Feneley</u> CATHERINE S. FENELEY <u>4/23/08</u> <u>248 698 1190</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					