

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P38927

FILED  
Mar 04, 2005  
Secretary of State

Entity Name: MICHIGAN LAKESHORE COMPANY

## Current Principal Place of Business:

241 E. SAGINAW  
SUITE 300  
EAST LANSING, MI 48823 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 980  
EAST LANSING, MI 488260980 US

## New Mailing Address:

P.O. BOX 4010  
EAST LANSING, MI 488264010 US

FEI Number: 38-1794456

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: FOOTE, KENNETH J  
Address: 241 E. SAGINAW, #300  
City-St-Zip: EAST LANSING, MI 48823 US

Title: DV ( ) Delete  
Name: FOOTE, FREDERICK C  
Address: 241 E. SAGINAW, #300  
City-St-Zip: EAST LANSING, MI 48823 US

Title: ST ( ) Delete  
Name: KACZMARCZYK, AMY A  
Address: 241 E. SAGINAW, #300  
City-St-Zip: EAST LANSING, MI 48823 US

Title: D ( ) Delete  
Name: IMESON, ROGER W  
Address: 241 E. SAGINAW, STE #300  
City-St-Zip: EAST LANSING, MI 48823 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: FOOTE, SUSAN L  
Address: 241 E. SAGINAW, STE #300  
City-St-Zip: EAST LANSING, MI 48823 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMY A KACZMARCZYK

T

03/04/2005

Electronic Signature of Signing Officer or Director

Date