

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000045364

FILED
Jan 19, 2009
Secretary of State

Entity Name: FIFESHIRE OF FLORIDA, INC.

Current Principal Place of Business:

ONE OXBOW DR.
PORT LABELLE, FL 33935 US

New Principal Place of Business:

Current Mailing Address:

31077 SCHOOLCRAFT
LIVONIA, MI 48150 US

New Mailing Address:

FEI Number: 65-0429663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILFILLAN, SARAH
2001 SCHOONER
LABELLE, FL 33935 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: D () Delete
Name: STEWART, ANDREW K
Address: 31077 SCHOOLCRAFT
City-St-Zip: LIVONIA, MI 48150

Title: D () Delete
Name: STEWART, DAVID
Address: 31077 SCHOOLCRAFT
City-St-Zip: LIVONIA, MI 48150

Title: D () Delete
Name: SAAD, JUNE
Address: 31077 SCHOOLCRAFT
City-St-Zip: LIVONIA, MI

Title: D () Delete
Name: STEWART, BRIAN
Address: 31077 SCHOOLCRAFT
City-St-Zip: LIVONIA, MI 48150

Title: D () Delete
Name: KOVSKY, CHARLES E
Address: 31077 SCHOOLCRAFT
City-St-Zip: LIVONIA, MI 48150

Title: T () Delete
Name: GONZALEZ, CHRISTY
Address: 31077 SCHOOLCRAFT
City-St-Zip: LIVONIA, MI 48150

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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City-St-Zip:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CHRISTY GONZALEZ

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01/19/2009

Electronic Signature of Signing Officer or Director

Date