


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90075 008 \*\*\*150.00

<b>DOCUMENT # F70522</b>	
<b>1. Entity Name</b> THE OKAHUMPKA CORPORATION	

<b>Principal Place of Business</b> 2701 CAMBRIDGE CT SUITE 300 AUBURN HILLS, MI 48326 US	<b>Mailing Address</b> 2701 CAMBRIDGE CT SUITE 300 AUBURN HILLS, MI 48326 US
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01062004 Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 59-2175753	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>



<b>6. Name and Address of Current Registered Agent</b> CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
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<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: <b>FL</b> 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** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT PAUL, JIMMY 2701 CAMBRIDGE CT SUITE 300 AUBURN HILLS, MI 48326 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD COLLINS, JOHN J JR 2701 CAMBRIDGE CT SUITE 300 AUBURN HILLS, MI 48326 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFO KNIGHT, PHYLLIS A 2701 CAMBRIDGE CT#300 AUBURN HILLS, MI 48326 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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:** Jimmy Paul **Signature and Typed or Printed Name of Signing Officer or Director**  
Jimmy Paul 1/20/04 248-340-7153  
Date Daytime Phone #

Attachment

F 70522

**THE OKAHUMPKA CORPORATION**

**BOARD OF DIRECTORS**

John J. Collins, Jr.

**OFFICERS**

<b><u>Name</u></b>	<b><u>Title</u></b>
John J. Collins, Jr.	President, Secretary & General Counsel
Phyllis A. Knight	Treasurer & CFO
Jimmy Paul	Assistant Treasurer

**ADDRESS**

The address for all of the above individuals is:

**2701 Cambridge Court, Suite 300  
Auburn Hills, MI 48326**