

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F92263

FILED
Apr 21, 2005
Secretary of State

Entity Name: THE OKERSTROM CORPORATION OF FLORIDA

Current Principal Place of Business:

13520 MERRIMAN
LIVONIA, MI 48150 US

New Principal Place of Business:

Current Mailing Address:

13520 MERRIMAN
LIVONIA, MI 48150 US

New Mailing Address:

FEI Number: 38-2870146 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OKERSTROM, ROBERT L.
7030-1 COGNAC DRIVE
NEW PORT RICHEY, FL 34653 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: CPD () Delete
Name: OKERSTROM, ROBERT L
Address: 13520 MERRIMAN
City-St-Zip: LIVONIA, MI 48150

Title: V () Delete
Name: MANIACI, JACKEI L
Address: 7920 VALENICIA CT E HIGHLAND RANCH
City-St-Zip: HIGHLAND, CA 92346

Title: VS () Delete
Name: RAY, JILL S
Address: 1068 RIVERVIEW , P.O. BOX 322
City-St-Zip: WHITEPINE, MI 49971

Title: VM () Delete
Name: THOMAS, MAY
Address: 12032 LEVERNE
City-St-Zip: REDFORD, MI 48239

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

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: ROBERT OKERSTROM

CPD

04/21/2005

Electronic Signature of Signing Officer or Director

_____ Date