

2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED

07 APR 25 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F04000004456

1. Entity Name
E.F. BAVIS & ASSOCIATES, INC.



Principal Place of Business
201 GRANDIN ROAD
MAINEVILLE, OH 45039

Mailing Address
201 GRANDIN RD
MAINEVILLE, OH 45039

DO NOT WRITE IN THIS SPACE



04042007 No Chg-P CR2E034 (11/05)

4. FEI Number 31-0793651	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIEBER, WILLIAM P 8890 BROOK KNOLL DRIVE WEST CHESTER, OH 45069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD OVERBECK, SUSAN T 7996 PEPPER PIKE WEST CHESTER, OH 45069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BAVIS, EDWARD F 5455 SADDLEBROOK WAY WESLEY CHAPEL, FL 33543
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/21/07--01014--014 **150.00

DO NOT WRITE IN THIS SPACE

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: William P. Sieber Date: 4/10/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR