

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002686

Entity Name: MOWER MD INC

FILED  
Apr 24, 2009  
Secretary of State

## Current Principal Place of Business:

5903 GRAFTON RD  
VALLEY CITY, OH 44280

## New Principal Place of Business:

2487 TRADEPORT DR  
SUITE 100  
ORLAND, FL 32824

## Current Mailing Address:

5903 GRAFTON RD  
VALLEY CITY, OH 44280

## New Mailing Address:

P O BOX 368022  
CLEVELAND, OH 44136-972

FEI Number: 20-1801503

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MANNING, GORDON F  
Address: 5903 GRAFTON RD  
City-St-Zip: VALLEY CITY, OH 44280

Title: S ( ) Delete  
Name: HOLLISTER, TERRY R  
Address: 5903 GRAFTON RD  
City-St-Zip: VALLEY CITY, OH 44280

Title: TD ( ) Delete  
Name: MILINSKI, JAMES M  
Address: 5903 GRAFTON RD  
City-St-Zip: VALLEY CITY, OH 44280

Title: D ( ) Delete  
Name: HLAY, JEAN H  
Address: 5903 GRAFTON RD  
City-St-Zip: VALLEY CITY, OH 44280

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: GARY, LOBAZA  
Address: 5903 GRAFTON RD  
City-St-Zip: VALLEY CITY, OH 44280

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 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: JAMES M MILINSKI

TD

04/24/2009

Electronic Signature of Signing Officer or Director

Date