

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # F9400000608**

1. Entity Name  
FACS GROUP, INC.



FILED  
06 APR 19 AM 8:57  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4705 DUKE DRIVE  
MASON, OH 45040

Mailing Address  
C/O FEDERATED CORPORATE SERVICES, INC  
7 WEST SEVENTH STREET  
CINCINNATI, OH 45202 US



01252006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>31-1397510</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

700072759137  
04/28/06--01035--006 \*\*1800.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	BELSKY, JOEL
STREET ADDRESS	7 WEST SEVENTH ST.
CITY-ST-ZIP	CINCINNATI, OH
TITLE	DV
NAME	BRODERICK, DENNIS J
STREET ADDRESS	7 WEST SEVENTH ST.
CITY-ST-ZIP	CINCINNATI, OH 45202
TITLE	CEO
NAME	COLE, TOM
STREET ADDRESS	9111 DUKE BLVD
CITY-ST-ZIP	MASON, OH 45040
TITLE	VT
NAME	HUXEL, TERESA
STREET ADDRESS	9111 DUKE BLVD
CITY-ST-ZIP	MASON, OH 45241
TITLE	AS
NAME	COX, JACK
STREET ADDRESS	7 W 7TH STREET
CITY-ST-ZIP	CINCINNATI, OH
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:** *Jack Cox* Jack B. Cox, Asst. Secretary **4/13/06 (513) 579-7311**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #