

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000003091

Entity Name: OK'S CASCADE, INC.

FILED  
Jul 06, 2005  
Secretary of State

## Current Principal Place of Business:

875-124TH AVE. NE  
STE 203  
BELLEVUE, WA 98005

## New Principal Place of Business:

15830 FOLTZ IND. PKWY  
STRONGSVILLE, OH 44149

## Current Mailing Address:

15830 FOLTE IND. PKWY  
STRONGSVILLE, OH 44149

## New Mailing Address:

15830 FOLTZ IND. PKWY  
STRONGSVILLE, OH 44149

FEI Number: 34-1903720

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAMS, MARK M  
2000 S OCEAN DR  
FT LAUDERDALE, FL 33316 US

## Name and Address of New Registered Agent:

CHAMBERLIN, LARRY  
8805 TAMiami TRAIL NORTH  
SUITE 113  
NAPLES, FL 34108 US

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: LARRY CHAMBERLIN

07/06/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: VUKSIC, JAMES S  
Address: 15830 FOLTZ INDUSTRIAL PKWY  
City-St-Zip: CLEVELAND, OH 44149

Title: GM ( ) Delete  
Name: MCINTYRE, WADE  
Address: 875-124TH AVE. NE, SUITE 213  
City-St-Zip: BELLEVUE, WA 98203

Title: CFO ( ) Delete  
Name: LUCARELL, TONY  
Address: 15830 FOLTZ INDUSTRIAL PKWY  
City-St-Zip: CLEVELAND, OH 44149

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: GM (X) Change ( ) Addition  
Name: SCHOLLAERT, JOSEPH  
Address: 15830 FOLTZ IND. PKWY  
City-St-Zip: STRONGSVILLE, OH 44149

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: TONY LUCARELL

CFO

07/06/2005

Electronic Signature of Signing Officer or Director

Date