


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90045 009 ***158.75

DOCUMENT # P02000060263

1. Entity Name
CHAMPLIN/HAUPT INC.



Principal Place of Business Mailing Address
424 E 4 ST **424 E 4 ST**
CINCINNATI OH 45202 **CINCINNATI OH 45202**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
31-0945295 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent

CHAMPLIN, RUSS
6342 MIDNIGHT PASS RD, #415
SARASOTA FL 34242

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SCHILLING, ROBERT	
STREET ADDRESS	424 E 4 ST	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	EV	<input type="checkbox"/> Delete
NAME	BATTOCLETTE, MIKE	
STREET ADDRESS	424 E 4 ST	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	EV	<input type="checkbox"/> Delete
NAME	WURTENBERGER, JOAN T	
STREET ADDRESS	424 E 4 ST	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	V	<input type="checkbox"/> Delete
NAME	OBERHOLZER, BRETT	
STREET ADDRESS	424 E 4 ST	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WYLER, JOHN	
STREET ADDRESS	424 E 4 ST	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	V	<input type="checkbox"/> Delete
NAME	BEN RICHARDS	
STREET ADDRESS	424 E. 4TH ST.	
CITY-ST-ZIP	CINCINNATI, OH 45202	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **JOHN L. WYLER** 1/28/05 (513) 241-4474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #