

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000002934

1. Entity Name
209 ASSOCIATES, INC.



Principal Place of Business
191 W NATIONIDE BLVD STE 200
COLUMBUS, OH 43215-2568

Mailing Address
191 W NATIONIDE BLVD STE 200
COLUMBUS, OH 43215-2568



04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1320706

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DETZEL, CHRISTOPHER
540 E HORATIO AVE #202
MAITLAND, FL 32751

**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 _____

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DS
NAME CASTO, DON M III
STREET ADDRESS 191 W NATIONIDE BLVD STE 200
CITY-ST-ZIP COLUMBUS, OH 43215

TITLE DPT
NAME BENSON, FRANK S III
STREET ADDRESS 191 W NATIONIDE BLVD STE 200
CITY-ST-ZIP COLUMBUS, OH 43215

TITLE DV
NAME CASTO, WILLIAM G
STREET ADDRESS 191 W NATIONIDE BLVD STE 200
CITY-ST-ZIP COLUMBUS, OH 43215

TITLE V
NAME LUKEMAN, PAUL G
STREET ADDRESS 191 W NATIONIDE BLVD STE 200
CITY-ST-ZIP COLUMBUS, OH 43215

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

UD00000360214
05/05/05-80020-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank S. Benson III

April 28, 2005 614-228-5331

Date

Daytime Phone #