

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90111 001 ***150.00
07-19-2004 90111 002 ****35.00

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1. Entity Name
SELIS & ASSOCIATES, INC.

Principal Place of Business
759 DERBYSHIRE ROAD
DAYTONA BEACH, FL 32114-1605

Mailing Address
759 DERBYSHIRE ROAD
DAYTONA BEACH, FL 32114-1605

66430209



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-1594012

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME SELIS, MARK ☒ Delete
STREET ADDRESS 759 DERBYSHIRE RD.
CITY-ST-ZIP DAYTONA BEACH, FL 321141605

TITLE President ☒ Change ☐ Addition
NAME Steve Barlow
STREET ADDRESS 355 E. Campus View Blvd., Ste 200
CITY-ST-ZIP Columbus, OH 43235

TITLE VP ☐ Delete
NAME BARLOW, STEVE
STREET ADDRESS 355 E. CAMPUS VIEW BLVD., STE 200
CITY-ST-ZIP COLUMBUS, OH 43235

TITLE Secretary/Treasurer/ CFO ☒ Change ☐ Addition
NAME Richard L. Walters
STREET ADDRESS 355 E. Campus View Blvd., Suite 200
CITY-ST-ZIP Columbus, OH 43235

TITLE ST. ☐ Delete
NAME WALTERS, RICHARD L
STREET ADDRESS 355 E CAMPUS VIEW BLVD SUITE 200
CITY-ST-ZIP COLUMBUS, OH 43235

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(614) 841-0860