


**2004 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90034 024 ***150.00

DOCUMENT # 820713 1. Entity Name DURAMAX, INC.		
Principal Place of Business 16025 JOHNSON STREET MIDDLEFIELD, OH 44062	Mailing Address P.O. BOX 67 MIDDLEFIELD, OH 44062	



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-0317950	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, P.C. JR 16025 JOHNSON STREET MIDDLEFIELD, OH 44062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C GREENBERG, RUSSELL J 16025 JOHNSON STREET MIDDLEFIELD, OH 44062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S GREENBERG, GREGORY L 16025 JOHNSON STREET MIDDLEFIELD, OH 44062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V BUTTITTA, LOUIS J 16025 JOHNSON STREET MIDDLEFIELD, OH 44062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V STONE, BRADLEY H 16025 JOHNSON STREET MIDDLEFIELD, OH 44062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNETT, JAMES W 16025 JOHNSON STREET MIDDLEFIELD, OH 44062

**DO NOT WRITE
IN THIS SPACE**

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

2-5-04 440-632-1611
Date Daytime Phone #