

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90042 003 ***150.00

DOCUMENT # 841913

1. Entity Name
HUFFY SERVICE SOLUTIONS, INC.



Principal Place of Business
225 BYERS ROAD
MIAMISBURG, OH 45342

Mailing Address
PO BOX 1314
DAYTON, OH 45401-1314

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
225 BYERS ROAD

City & State
MIAMISBURG, OHIO

City & State
MIAMISBURG, OHIO

Zip
45342

Country

03142005 Chg-P CR2E034 (10/03)

4. FEI Number
31-0930291

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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 _____ (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	P	BROWN RIGG, GEOFF W	<input checked="" type="checkbox"/> Delete
NAME		225 BYERS ROAD	
STREET ADDRESS		MIAMISBURG, OH	
CITY-ST-ZIP			
TITLE	V	GALAMB, MICHAEL W	<input checked="" type="checkbox"/> Delete
NAME		225 BYERS ROAD	
STREET ADDRESS		MIAMISBURG, OH 45342	
CITY-ST-ZIP			
TITLE	DS	MICHAUD, NANCY A.	<input type="checkbox"/> Delete
NAME		225 BYERS RD.	
STREET ADDRESS		MIAMISBURG, OH	
CITY-ST-ZIP			
TITLE	VPC	MATTHEWS, JEFFREY D	<input checked="" type="checkbox"/> Delete
NAME		225 BYERS ROAD	
STREET ADDRESS		MIAMISBURG, OH	
CITY-ST-ZIP			
TITLE	V	PROVOLISH, ROBERT J	<input checked="" type="checkbox"/> Delete
NAME		225 BYERS ROAD	
STREET ADDRESS		MIAMISBURG, OH 45342	
CITY-ST-ZIP			
TITLE	TD	LAFFERTY, ROBERT W	<input type="checkbox"/> Delete
NAME		225 BYERS ROAD	
STREET ADDRESS		MIAMISBURG, OH 45342	
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN MUSKOVICH	
STREET ADDRESS	225 BYERS ROAD	
CITY-ST-ZIP	MIAMISBURG, OH 45342	
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-05

Date

937-865-5481

Daytime Phone #