


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # 848274 1. Entity Name DAWSON INSURANCE, INC.	
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Principal Place of Business 1340 DEPOT STREET ROCKY RIVER, OH 44116	Mailing Address 1340 DEPOT STREET ROCKY RIVER, OH 44116
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04042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-0183810	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHERMAN, D. MICHAEL
8911 DANIELS RD. #2
FORT MYERS, FL 33912

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

**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
NAME	SHERMAN, MICHAEL D
STREET ADDRESS	15730 PIPERS GLEN
CITY- ST- ZIP	FT. MYERS, FL 33912
TITLE	V
NAME	KMETZ, MICHAEL J.
STREET ADDRESS	1340 DEPOT STREET
CITY- ST- ZIP	ROCKY RIVER, OH
TITLE	V
NAME	MYER, DAVID W.
STREET ADDRESS	1340 DEPOT STREET
CITY- ST- ZIP	ROCKEY RIVER, OH
TITLE	V
NAME	LAMPUS, ROBERT W
STREET ADDRESS	1340 DEPOT STREET
CITY- ST- ZIP	ROCKY RIVER, OH 44116
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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04/15/05-80035-005 150.00

**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)(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

Date 4/5/05 Daytime Phone # _____