

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

04-02-2004 90030 049 ***150.00
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FILED

04 APR -7 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
44023802



03232004 No Chg-P CR2E034 (10/03)

4. FEI Number 31-4196950	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JOHNSON, JOHN J
325 BELCHER ROAD, N.
CLEARWATER, FL 34625

**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 _____

**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	PTD MONGAN, THOMAS H. 8280 MONTGOMERY RD, STE 201 CINCINNATI, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOGAN, JON P. 8280 MONTGOMERY RD, STE 201 CINCINNATI, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, WILLIAM C. 8280 MONTGOMERY RD, STE 201 COLUMBUS, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZENNI, JAMES J 8280 MONTGOMERY RD, STE 201 CINCINNATI, OH <i>Delete</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERTSCH, JULIE M 8230 MONTGOMERY RD STE 201 CINCINNATI, OH 45236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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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: Julie M. Bertsch Julie M. Bertsch 3/29/04 (513) 794-4020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
C.F.O.