

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90058 027 ***150.00

20011374



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number
34-1053258

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ADAMS, LESLIE
725 LALLY ROCK CT.
ORLANDO, FL 32825

**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, 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 VTD
NAME POLIVKA, BASIL A.
STREET ADDRESS ~~1840 NILES CORTLAND RD.~~ 1460 Springwood Trace
CITY-ST-ZIP ~~WARREN, OH 44484~~ Warren, Ohio 44484

TITLE P
NAME POLIVKA, ANDREW B
STREET ADDRESS 105 LEXIE LANE
CITY-ST-ZIP WARREN, OH 44484

TITLE S
NAME POLIVKA, BONNIE S.
STREET ADDRESS ~~1544 N MAIN ST.~~ 1460 Springwood Trace
CITY-ST-ZIP ~~NILES, OH 44446~~ Warren, Ohio 44484

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: Bonnie S. Polivka
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-09-05 330-505-0419
Date Daytime Phone #