## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Apr 19, 2004 8:00 am Secretary of State **DOCUMENT #857234** 04-19-2004 90322 049 \*\*\*150 00 1. Entity Name OGLESBY CONSTRUCTION, INC. Principal Place of Business Mailing Address **LYUYUUUL** 1600 TOLEDO ROAD 1600 TOLEDO ROAD PO BOX 380 PO BOX 380 NORWALK, OH 44857 NORWALK, OH 44857 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03252004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 34-1233573 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME OGLESBY MASON P MAME STREET ADDRESS 1041 SOUTH NORWALK RD. STREET ADDRESS CITY-ST-ZIP NORWALK, OH 44857 CITY-ST-ZIP STD TITLE ☐ Delete TITLE ☐ Change ☐ Addition MCQUERREY, SHIRLEEN M NAME NAME **8 JAMIE WAY** STREET ADDRESS STREET ADDRESS NORWALK, OH 44857 CITY-ST-ZIP CITY-ST-ZIP ۷D TITLE ☐ Delete TITLE X Change ☐ Addition THEISEN, KEVIN P NAME NAME IUSS-COTTONWOOD CREEK PLACE STREET ADDRESS 600 CHOCKTAN STREET STREET ADDRESS CITY-ST-ZIP LAKE MARY, FL 32746 CITY-ST-ZIP TITLE VD Delete TITLE Change ■ Addition HUG, STEVEN NAME NAME 1 JENNIFER WAY STREET ADDRESS STREET ADDRESS NORWALK, OH 44857 CITY-ST-7/P CITY-ST-ZIP TITLE VD ☐ Delete TITLE ☐ Change ■ Addition BARMAN, DOUGLAS NAME NAME STREET ADDRESS 146 SYCAMORE DRIVE STREET ADDRESS NORWALK, OH 44857 CITY-ST-ZIP CITY-ST-ZIP TITLE VD ☐ Delete TITLE ☐ Change ☐ Addition REICHERT, GERALD NAME NAME STREET ADDRESS 746 MALLARD POINTE STREET ADDRESS CITY-ST-ZIP NORWALK, OH 44857 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

SHIRLEEN M. MCQUERREV

4/6/04

Date

FILED