


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90113 041 \*\*\*150.00

<b>DOCUMENT # 857234</b> 1. Entity Name <b>OGLESBY CONSTRUCTION, INC.</b>					
Principal Place of Business <b>1600 TOLEDO ROAD</b> <del>PO BOX 300</del> <b>NORWALK, OH 44857</b>			Mailing Address <b>1600 TOLEDO ROAD</b> <del>PO BOX 300</del> <b>NORWALK, OH 44857</b>		
2. Principal Place of Business <b>1600 TOLEDO ROAD</b> Suite, Apt. #, etc.		3. Mailing Address <b>1600 TOLEDO ROAD</b> Suite, Apt. #, etc.			
City & State <b>NORWALK, OH</b> Zip <b>44857</b>		City & State <b>NORWALK, OH</b> Zip <b>44857</b>		4. FEI Number <b>34-1233573</b> Applied For <input type="checkbox"/> Not Applicable	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OGLESBY, MASON P. 1041 SOUTH NORWALK RD. NORWALK, OH 44857	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCQUERREY, SHIRLEEN M 8 JAMIE WAY NORWALK, OH 44857	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THEISEN, KEVIN P 1688 COTTONWOOD CREEK PLACE LAKE MARY, FL 32746	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUG, STEVEN 1 JENNIFER WAY NORWALK, OH 44857	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARMAN, DOUGLAS 146 SYCAMORE DRIVE NORWALK, OH 44857	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REICHERT, GERALD 746 MALLARD POINTE NORWALK, OH 44857	<input type="checkbox"/> Delete			
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: <i>Shirleen M. McQuerry</i> <b>SHIRLEEN M. McQUERREY</b> 4/14/05 419-608-8204 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		