

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # 857234

1. Entity Name
OGLESBY CONSTRUCTION, INC.



Principal Place of Business
**1600 TOLEDO ROAD
NORWALK, OH 44857**

Mailing Address
**1600 TOLEDO ROAD
NORWALK, OH 44857**



04032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-1233573	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

**THEISEN, KEVIN P
600 HICKMAN CIRCLE
SANFORD, FL 32771**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	OGLESBY, MASON P.
STREET ADDRESS	1041 SOUTH NORWALK RD.
CITY - ST - ZIP	NORWALK, OH 44857
TITLE	STD
NAME	MCQUERREY, SHIRLEEN M
STREET ADDRESS	8 JAMIE WAY
CITY - ST - ZIP	NORWALK, OH 44857
TITLE	VD
NAME	THEISEN, KEVIN P
STREET ADDRESS	1688 COTTONWOOD CREEK PLACE
CITY - ST - ZIP	LAKE MARY, FL 32746
TITLE	VD
NAME	HUG, STEVEN
STREET ADDRESS	1 JENNIFER WAY
CITY - ST - ZIP	NORWALK, OH 44857
TITLE	VD
NAME	REICHERT, GERALD
STREET ADDRESS	746 MALLARD POINTE
CITY - ST - ZIP	NORWALK, OH 44857
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000711811

04/26/07-80021-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

SHIRLEEN M. McQUERREY 4-10-07

Date

Daytime Phone #

419-668-8204