

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000004228

1. Entity Name
MACINTOSH LAND INVESTMENT CORPORATION



Principal Place of Business
**7100 EAST PLEASANT VALLEY ROAD
SUITE 300
INDEPENDENCE, OH 44131**

Mailing Address
**7100 EAST PLEASANT VALLEY ROAD
SUITE 300
INDEPENDENCE, OH 44131**

DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number
34-1683912

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE, FL 32301**

**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 PD
NAME ZAREMBA, TIMOTHY
STREET ADDRESS 7100 EAST PLEASANT VALLEY ROAD, SUITE 300
CITY- ST- ZIP INDEPENDENCE, OH 44131

TITLE VSD
NAME ZAREMBA, NATHAN
STREET ADDRESS 7100 EAST PLEASANT VALLEY ROAD, SUITE 300
CITY- ST- ZIP INDEPENDENCE, OH 44131

TITLE T
NAME KASMARCAK, JOHN
STREET ADDRESS 7100 EAST PLEASANT VALLEY ROAD, SUITE 300
CITY- ST- ZIP INDEPENDENCE, OH 44131

TITLE D
NAME ZAREMBA, WALTER
STREET ADDRESS 7100 EAST PLEASANT VALLEY ROAD, SUITE 300
CITY- ST- ZIP INDEPENDENCE, OH 44131

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U000000002757
01/13/04-80027-014 150.00

**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: *J. Korman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-04 *216-643-90*
Date Daytime Phone #