

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 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**



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

**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, 2006 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

UD0000411186
02/09/06-80066-017 150.00

**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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/06

Date

216-643-9000

Daytime Phone #