2005 FOR PROFIT CORPORATION ANNUAL REPORT

| ANNUAL REPORT | | | | | | | | FILED | | | | |
|---|-----------------|--------------------------------------|---|-------------|--|------------------------|--|---------------------------|-------------|----------------------------|---------------------------|--|
| DOCUMENT # F0200000812 1. Entity Name GIOFFRE COMPANIES, INC. | | | | | | | | 2005 SEP | | | | |
| | | | | | | | | 7000 OEF | 20 P | n 12: 25 | l | |
| Principal Plac 6262 EITERN DUBLIN, OH | MAN RD | S | Mailing Address 6262 EITERMAN RD DUBLIN, OH 43016 | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | | | |
| | | | | | | | | AANA MAH AANG BASII ABIII | | | | |
| 2. Principal P | lace of Busin | ness | 3. Mailing Address | | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | 07072005 | Chg-P | CR2EC | 034 (10/03) | | |
| City & State | | | City & State | | | | 4. FEI Numbe 31-168: | | | <u> </u> | plied For t Applicable | |
| Zìp | Country | | Zip | Coun | | 5. Certificate | | of Status Desired | | \$8.75 Add Fee Required | | |
| 6. Name and Address of Current Registered Agent | | | | | 7. Name and Address of New Registered Agent | | | | | | | |
| CORPORATION SERVICE COMPANY | | | | | Name | | | | | | | |
| 1201 HAYS STREET TALLAHASSEE, FL 32301 | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| | | | | | City FL Zip Code | | | | | | | |
| | | y submits this statement f | ed office or | register | ed agent, or bot | h, in the State of Flo | | | 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 | | | | | | | | | | | _ | |
| | | ! FEE IS \$550.00 otember 7, 2005 | 9. Election Camp Trust Fund Co | • | | | 00 May Be ed to Fees | | | | | |
| 10. | | OFFICERS AND | D DIRECTORS | 11. | | | ADDITIONS/ | CHANGES TO OFFI | CERS AND | DIRECTORS | 3 IN 11 | |
| TITLE NAME | P GIOFERE | . ANTHONY | ☐ Delete | TITU NAM | | | | | | ☐ Change | ☐ Addition | |
| STREET ADDRESS | 6262 EITI | ERMAN RD | | STR | EET ADDRESS | | | | | | | |
| CITY-SI-ZIP TITLE | VTS | OH 43016 | Delete | ÇITY | '-ST-ZIP | | | | | ☐ Change | ☐ Addition | |
| NAME | GIOFFRE | , | | NAM | Æ | | | | | _ • | | |
| STREET ADDRESS CITY-ST-ZIP | 1 | ERMAN RD OH 43016 | | | EET ADDRESS '-ST-ZIP | | 09/2 | 000591 0/0501020 | 773)002 | 957 **550 | 0.00 | |
| TITLE NAME | | | ☐ Delete | TITL NAM | | | | | | ☐ Change | ☐ Addition | |
| STREET ADDRESS | | | | STRI | EET ADDRESS | | | | | | } | |
| CITY-ST-ZIP | l | | ☐ Delete | TITL | '-ST-ZIP | | | | | Change | Addition | |
| NAME | | | C: Delete | NAM | 1E | | | | | C. Onlange | | |
| STREET ADDRESS CITY-\$1-ZIP | } | | | | EET ADDRESS '-ST-ZIP | | | | | | | |
| TITLE | | . | Delete | TITL | | | | | | ☐ Change | Addition | |
| NAME STREET ADDRESS | <u>.</u> | | | NAM STRI | EET ADDRESS | | | | | | | |
| CITY-ST-ZIP | ļ | | | | -ST-ZIP | | | | | | | |
| TITLE NAME | | | ☐ Delete | TITL NAM | 1 | | | | | Change | Addition | |
| STREET ADDRESS CITY-ST-ZIP | | | | STR | EET ADDRESS | | | | | | | |
| | certify that th | e information supplied wi | th this filing does not qualify | | | ed in Se | ction 119.07(3)(|), Florida Statutes. I | further ce | rtify that the ir | formation | |
| 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 of 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 mastee 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: SCRATURE AND TYPED OR PRIMER PLANE OF SIGNING OFFICER OF DIRECTOR Date Designe Phone # | | | | | | | | | | | | |