## 2004 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

DOCUMENT # F03000001534 1. Entity Name

MAYRIDGE CONSTRUCTION COMPANY

Principal Place of Business

Mailing Address

25101 CHAGRIN BOULEVARD BEACHWOOD, OH 44122

25101 CHAGRIN BOULEVARD BEACHWOOD, OH 44122

**FILED** May 05, 2004 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (10/03) 04192004

4. FEI Number	A	pplied For
<u>34-0741139</u>	 _ N	lot Applicable
5. Certificate of Status Desired	\$8.75 Ad Fee Requir	

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

## DO NOT WRITE IN THIS SDACE

			IN THIS STAGE		
8. The above the obligat	named entity submits this statement for the p ions of registered agent.	surpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE					
	Signature, typed or printed name of registered agent and title if	1 applicable (NOTE Registered	d Agent signature	e required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	<ol><li>Election Campaign Finan Trust Fund Contribution</li></ol>	cing	\$5.00 May Be Added to Fees	000000156790 05/05/04-80088-011 150.00
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOLDBERG, LARRY 25101 CHAGRIN BLVD. BEACHWOOD, OH 44122				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RABER, C.W. 25101 CHAGRIN BLVD. BEACHWOOD, OH 44122				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GOLDBERG, JORDAN A 25101 CHAGRIN BOULEVARD BEACHWOOD, OH 44122			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BELL, ERIC E 25101 CHAGRIN BOULEVARD BEACHWOOD, OH 44122			IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JUERGENS, BRUCE 25101 CHAGRIN BOULEVARD BEACHWOOD, OH 44122	:			
TITLE					

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.

FED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS CITY-ST-ZIP