

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000004936

1. Entity Name
S.S. KEMP & CO.



Principal Place of Business
**4567 WILLOW PKWY.
CLEVELAND, OH 44125**

Mailing Address
**4567 WILLOW PKWY.
CLEVELAND, OH 44125**



04212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-1237614	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4-26-05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	FISHMAN, HOWARD H
STREET ADDRESS	4567 WILLOW PKWY.
CITY-ST-ZIP	CLEVELAND, OH 44125

TITLE	DPT
NAME	FISHMAN, MARK A
STREET ADDRESS	4567 WILLOW PKWY.
CITY-ST-ZIP	CLEVELAND, OH 44125

TITLE	D
NAME	FISHMAN, PEARL S
STREET ADDRESS	4567 WILLOW PKWY.
CITY-ST-ZIP	CLEVELAND, OH 44125

TITLE	DEVP
NAME	FISHMAN, STEVEN E
STREET ADDRESS	4567 WILLOW PKWY.
CITY-ST-ZIP	CLEVELAND, OH 44125

TITLE	T
NAME	FISHMAN, STEVEN E
STREET ADDRESS	4567 WILLOW PKWY.
CITY-ST-ZIP	CLEVELAND, OH 44125

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(f), 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]*

4-26-05 2163776532