

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006141

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: BROOKSIDE PROPERTIES, INC.

## Current Principal Place of Business:

2825 CENTRAL AVENUE  
#112  
FORT MYERS, FL 33901

## New Principal Place of Business:

## Current Mailing Address:

3775 WALES AVENUE NW  
SUITE 2  
MASSILLON, OH 44646

## New Mailing Address:

FEI Number: 34-1729763

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STEVENSON, THOMAS L  
2825 CENTRAL AVENUE  
#112  
FORT MYERS, FL 33901 US

## Name and Address of New Registered Agent:

EBELINI, MARK A  
1625 HENDRY STREET, 3RD FLOOR  
FORT MYERS, FL 33901 US

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.

SIGNATURE: MARK A EBELINI

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CP ( ) Delete  
Name: OAKES, GARRY L  
Address: 3775 WALES AVENUE NW, SUITE 2  
City-St-Zip: MASSILLON, OH 44646

Title: VCVP ( ) Delete  
Name: SHAHEEN, KALEEL J  
Address: 3775 WALES AVENUE NW, SUITE 2  
City-St-Zip: MASSILLON, OH 44646

Title: DS ( ) Delete  
Name: SCHIRACK, EDWARD T  
Address: 3775 WALES AVENUE NW, SUITE 2  
City-St-Zip: MASSILLON, OH 44646

Title: DT ( ) Delete  
Name: VRABEL, JOSEPH G  
Address: 3775 WALES AVENUE NW, SUITE 2  
City-St-Zip: MASSILLON, OH 44646

Title: DVP ( ) Delete  
Name: SWEITZER, DONALD G  
Address: 1636 AMBLER AVENUE SW  
City-St-Zip: CANTON, OH 44709

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARRY L OAKES

CP

04/29/2008

Electronic Signature of Signing Officer or Director

Date