## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000000744

Entity Name: THE AMERICAN EAGLE OF OHIO, INC.

**FILED** Apr 06, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1164 CLEVELAND AVE 6145 PARK SQUARE DRIVE #4

AMHERST, OH 44001

LORAIN, OH 44053

**Current Mailing Address: New Mailing Address:** 

1164 CLEVELAND AVE 6145 PARK SQUARE DRIVE AMHERST, OH 44001

LORAIN, OH 44053

FEI Number: 34-1940292 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: **PCFO** () Delete Title: PCFO. (X) Change ( ) Addition SCHRENKEL, JOHN J SCHRENKEL, JOHN J Name: Name:

1164 CLEVELAND AVE 6145 PARK SQUARE DRIVE Address: Address: City-St-Zip: AMHERST, OH 44001 City-St-Zip: LORAIN, OH 44053

Title: VΡ Title: VΡ () Delete (X) Change ( ) Addition

KORINKO, JOHN KORINKO, JOHN Name: Name:

1164 CLEVELAND AVE 6145 PARK SQUARE DRIVE Address: Address: AMHERST, OH 44001 LORAIN, OH 44053 City-St-Zip: City-St-Zip:

( ) Delete Title: (X) Change ( ) Addition Title: SCHRENKEL, DIANE SCHRENKEL, DIANE Name:

Name: 1164 CLEVELAND AVE 6145 PARK SQUARE DRIVE Address: Address: City-St-Zip: AMHERST, OH 44001 City-St-Zip: LORAIN, OH 44053

Title: ( ) Delete Title: (X) Change ( ) Addition

BERRY, DAVID A BERRY, DAVID A Name: Name: Address: 1164 CLEVELAND AVE Address: 6145 PARK SQUARE DRIVE City-St-Zip: City-St-Zip: AMHERST, OH 44001 LORAIN, OH 44053

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN J. SCHRENKEL **PCEO** 04/06/2005