


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 06, 2007 8:00 am**  
**Secretary of State**


09-06-2007 90010 019 \*\*\*550.00

DOCUMENT # F06000003453	
1. Entity Name FLORIDA HULL & ASSOCIATES, INC.	

Principal Place of Business 6397 EMERALD PKWY - STE 200 <del>DEBEN</del> , OH 43016 <i>Dublin</i>	Mailing Address 6397 EMERALD PKWY - STE 200 <del>DEBEN</del> , OH 43016 <i>Dublin</i>
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4010170



07092007 No Chg-P CR2E034 (11/05)

4. FEI Number 34-1549829	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

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HULL, JOHN H 3401 GLENDALE AVE - STE 300 TOLEDO, OH 43614
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO KASPER, CRAIG A 6397 EMERALD PKWY - STE 200 <del>DEBEN</del> , OH 43016 <i>Dublin</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD KASPER, CRAIG A 6397 EMERALD PKWY - STE 200 <del>DEBEN</del> , OH 43016 <i>Dublin</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COO RICHARDS, DAVID L 6397 EMERALD PKWY - STE 200 <del>DEBEN</del> , OH 43016 <i>Dublin</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD RICHARDS, DAVID L 6397 EMERALD PKWY - STE 200 <del>DEBEN</del> , OH 43016 <i>Dublin</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RISH, WILLIAM R 6397 EMERALD PKWY - STE 200 <del>DEBEN</del> , OH 43016 <i>Dublin</i>

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  8/21/07 614-793-8777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Julie Kasper, CFO*