

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90029 046 ***158.75

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1. Entity Name
EQUITY OF OHIO INC.



Principal Place of Business
2007 PAN AM CIRCLE SUITE 100
TAMPA, FL 33607

Mailing Address
100 E WILSON BRIDGE RD SUITE 200
WORTHINGTON, OH 43085

DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number
31-1296257

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

KIRKPATRICK, PHILIPS Wathen, Steven P.
4361 DUNCAN LOOP N APT 301 4107 W. Spruce St.
DUNEDIN, FL 34898 Tampa, FL 33607

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P WATHEN, STEVEN P 4015 OLD POSTE RD COLUMBUS, OH 43221 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T MURPHY, SUSAN M 1496 BERLIN STATION RD DELAWARE, OH 43015 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V WOLLENBERG, MELANIE 7595 FRASIER RD WESTERVILLE, OH 43082 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V BROOKS, JOHN A 6399 DORCHESTER DR WESTERVILLE, OH 43082 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V JOHANNI, ANDREW J 2133 FAIRFAX RD COLUMBUS, OH 43221 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP TOMBRINK, STEVENS E 4107 W. SPRUCE STREET, STE 100 TAMPA, FL 33607 |

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #