

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

FILED

2008 APR 18 AM 12:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F07000003563

1. Entity Name  
SCIOTO KITCHEN SALES, CORP.



Principal Place of Business  
1800 E FIFTH AVE SUITE B  
COLUMBUS, OH 43219

Mailing Address  
1800 E FIFTH AVE SUITE B  
COLUMBUS, OH 43219



04072008 No Chg-P CR2E034 (11/05)

4. FEI Number  
31-1385370

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**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, 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 PT  
NAME SHAVER, DAVID  
STREET ADDRESS 1800 E FIFTH AVE SUITE B  
CITY-ST-ZIP COLUMBUS, OH 43219

TITLE VPS  
NAME SHAVER, MELISSA  
STREET ADDRESS 1800 E FIFTH AVE SUITE B  
CITY-ST-ZIP COLUMBUS, OH 43219

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

300124345253  
04/18/08--01029--011 \*\*150.00

**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:

*David Shaver President* DAVID SHAVER President 4-8-08 614 864-0315

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #