

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90017 039 \*\*\*150.00

DOCUMENT # F94000002815

1. Entity Name  
C.O. PERSONNEL, INC.



Principal Place of Business Mailing Address  
IMG CENTER IMG CENTER  
SUITE 100, 1360 E 9TH ST SUITE 100, 1360 E 9TH ST  
CLEVELAND, OH 44114-782 US CLEVELAND, OH 44114-782 US

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Zip Country Zip Country

03302006 Chg-P CR2E034 (11/05)

4. FEI Number 34-0151745 Applied For Not Applicable

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

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PALMER, ARNOLD D	
STREET ADDRESS	IMG CENTER, SUITE 100, 1360 E 9TH ST	
CITY-ST-ZIP	CLEVELAND, OH 441141782	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	LAFAVE, ARTHUR J JR	
STREET ADDRESS	IMG CENTER, SUITE 100, 1360 E 9TH ST	
CITY-ST-ZIP	CLEVELAND, OH 441141782	
TITLE	VAS	<input checked="" type="checkbox"/> Delete
NAME	CARFAGNA, PETER A	
STREET ADDRESS	IMG CENTER SUITE 100 1360 E. 9TH ST.	
CITY-ST-ZIP	CLEVELAND, OH 441141782	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ZUGAY, JACK	
STREET ADDRESS	IMG CENTER, SUITE 100, 1360 E 9TH ST	
CITY-ST-ZIP	CLEVELAND, OH 441141782	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SR. V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALASTAIR J. JOHNSTON	
STREET ADDRESS	IMG CENTER, SUITE 100, 1360 E 9TH ST.	
CITY-ST-ZIP	CLEVELAND, OH 44114-1782	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLENN BLACKBURN	
STREET ADDRESS	(SAME AS ABOVE)	
CITY-ST-ZIP		
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROLYN SWEENEY	
STREET ADDRESS	(SAME AS ABOVE)	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Carolyn Sweeney*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Mar 31, 2006* *216/522-1200*  
Date Daytime Phone #

CAROLYN SWEENEY