


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F94000003495</b> 1. Entity Name <b>PLUMMER, INCORPORATED</b>	
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Principal Place of Business <b>610 HICKMAN CIRCLE SUITE 100 SANFORD, FL 32771 US</b>	Mailing Address <b>610 HICKMAN CIRCLE SUITE 100 SANFORD, FL 32771 US</b>
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04052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>31-1191689</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
**GRUND, GARY I  
610 HICKMAN CIRCLE  
SUITE 100  
SANFORD, FL 32771**

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


<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</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	P WOODDELL, PAMELA 320 OUTERBELT ST., SUITE I COLUMBUS, OH 43213
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GRUND, GARY I 610 HICKMAN CIRCLE SUITE 100 SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LUNDGREN, ERIC 320 OUTERBELT STREET, SUITE I COLUMBUS, OH 43213
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05/09/07-80006-025 150.00

**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:**  **Gary I. Grund** 4/05/07 407-585-0210  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #