


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90044 002 \*\*\*158.75

DOCUMENT # F95000001025	
1. Entity Name F & M MAFCO, INC.	

Principal Place of Business 403 MAGUIRE RD. EXTENSION OCFEE, FL 34761	Mailing Address 403 MAGUIRE RD. EXTENSION OCFEE, FL 34761
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**DO NOT WRITE IN THIS SPACE**



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number 31-0990364	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCKENNA, PATRICK D 9149 DRY FORK RD HARRISON, OH 45030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCKENNA, ROBERT W JR 9149 DRY FORK RD. HARRISON, OH 45030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MCKENNA, MICHAEL T 9149 DRY FORK RD. HARRISON, OH 45030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCKENNA, DANIEL J 9149 DRY FORK RD. HARRISON, OH 45030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRIEDMANN, GREGORY A 9149 DRY FORK RD. HARRISON, OH 45030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCKENNA, WILLIAM A 9149 DRY FORK RD HARRISON, OH 45030

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

*James P. Feighly, C.F.O.*

1/26/05

513-367-2151