


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F95000001025		
1. Entity Name F & M MAFCO, INC.		
Principal Place of Business 403 MAGUIRE RD. EXTENSION OCOE, FL 34761	Mailing Address 403 MAGUIRE RD. EXTENSION OCOE, FL 34761	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	VD	DO NOT WRITE IN THIS SPACE
NAME	MCKENNA, PATRICK D	
STREET ADDRESS	9149 DRY FORK RD	
CITY - ST - ZIP	HARRISON, OH 45030	
TITLE	VD	
NAME	MCKENNA, ROBERT W JR	
STREET ADDRESS	9149 DRY FORK RD.	
CITY - ST - ZIP	HARRISON, OH 45030	
TITLE	VSD	
NAME	MCKENNA, MICHAEL T	
STREET ADDRESS	9149 DRY FORK RD.	
CITY - ST - ZIP	HARRISON, OH 45030	
TITLE	PD	
NAME	MCKENNA, DANIEL J	
STREET ADDRESS	9149 DRY FORK RD.	
CITY - ST - ZIP	HARRISON, OH 45030	
TITLE	VD	
NAME	FRIEDMANN, GREGORY A	
STREET ADDRESS	9149 DRY FORK RD.	
CITY - ST - ZIP	HARRISON, OH 45030	
TITLE	VD	
NAME	MCKENNA, WILLIAM A	
STREET ADDRESS	9149 DRY FORK RD	
CITY - ST - ZIP	HARRISON, OH 45030	
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 changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u><i>James C. Zeisler</i></u> JAMES C. ZEISLER, CHIEF FINANCIAL OFFICER <u>4/12/05 513-367-21</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



04122006 No Chg-P CR2E034 (11/05)

4. FEI Number 31-0990364	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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04/29/06-80176-020 158.75