

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 12, 2008 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**



05052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-0990364

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410**

**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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	VD
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

**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: *James C. Zeisler* **JAMES C. ZEISLER, C.F.O.**

5/5/08

513-367-2151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #