

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000001502

1. Entity Name
STAPLETON ELECTRIC CO.



Principal Place of Business
4845 SR 128
CLEVES, OH 45002

Mailing Address
4845 SR 128
CLEVES, OH 45002



02122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-0739736

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STAPLETON, JOSEPH J
6359 PLUMOSA AVENUE
FT. MYERS, FL 33908

**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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11000000053042
02/16/04-80117-002 158 75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOC
STAPLETON, JOSEPH J
6359 PLUMOSA AVENUE
FT. MYERS, FL 33908

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
LEOPOLD, KATHLEEN A
1767 FORESTVIEW LANE
CINCINNATI, OH 45233

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VC
STAPLETON, STEPHEN J
583 BRADDOCK COURT
EDGEWOOD, KY 41017

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LIPPS, RICHARD C
4600 FEHR ROAD
CINCINNATI, OH 45238

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
STAPLETON, DAVID J
2983 TRIPLECROWN
NORTH BEND, OH 45052

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

Kathleen A Leopold

KATHLEEN A LEOPOLD

2/12/04 (513853107)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone