


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F95000005122</b> 1. Entity Name <b>RANGE KLEEN MFG., INC.</b>	
---	---

Principal Place of Business <b>4403 N.W. 79TH TERRACE ROAD OCALA, FL 34482-2089</b>	Mailing Address <b>4403 N.W. 79TH TERRACE ROAD OCALA, FL 34482-2089</b>
--	--

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------



01242006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>34-1085297</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---

6. Name and Address of Current Registered Agent  <b>O'CONNOR, GERALD D 4403 N.W. 79TH TERRACE ROAD OCALA, FL 34482-2089</b>
---

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCT O'CONNOR, GERALD D 4403 NW 79TH TERRACE ROAD OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DALEY, CHARLES W 1728 ALLENTOWN ROAD LIMA, OH 45805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLUTTER, TIM 4240 EAST ROAD LIMA, OH 45802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LINK, DAVID 4240 EAST ROAD LIMA, OH 45802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'CONNOR, PATRICIA 4240 EAST ROAD LIMA, OH 45805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

UN0000483529  
04/12/06-80003-008 150.00

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: David A. Link, VPE CFO 3-20-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #