

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F95000005773**

1. Entity Name  
**EXECUTIVE CATERERS AT LANDERHAVEN, INC.**



Principal Place of Business  
**6111 LANDERHAVEN DR.  
MAYFIELD HEIGHTS, OH 44124**

Mailing Address  
**6111 LANDERHAVEN DR.  
MAYFIELD HEIGHTS, OH 44124**

**DO NOT WRITE IN THIS SPACE**



03052004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**34-1408181**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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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 file 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**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CP  
DIAMOND, HARLAN  
6111 LANDERHAVEN DR.  
MAYFIELD HEIGHTS, OH 44124**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VS  
BELSITO, JANE  
6111 LANDERHAVEN DR.  
MAYFIELD HEIGHTS, OH 44124**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
DUKE, JAMES M  
6111 LANDERHAVEN DR.  
MAYFIELD HEIGHTS, OH 44124**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000114164  
04/15/04-80038-015 150.00

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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: **X** *James M. Duke, Treasurer* **X**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/8/04**  
Date

**440-473-5340**  
Daytime Phone #