

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 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**



04242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**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 state if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000544920
05/11/06-80052-023 150.00**

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

**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: *[Signature]*

James M. Duke Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/26/06 440-473-73
Date Daytime Phone #