2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # F96000002934

1. Entity Name
209 ASSOCIATES, INC.

Principal Place of Business	Mailing Address
191 W NATIONIDE BLVD STE 200 COLUMBUS, OH 43215-2568	191 W NATIONIDE BLVD STE 200 COLUMBUS, OH 43215-2568

DO NOT WRITE IN THIS SPACE

04182007 No Chg-P CR2E034 (11/05)

4. FEI Number
31-1320706
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DETZEL, CHRISTOPHER
540 E HORATIO AVE #202
MAITLAND, FL 32751

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	CASTO, DON M IIII
STREET ADDRESS	191 W NATIONIDE BLVD STE 200
CITY-ST-ZIP	COLUMBUS, OH 43215
TITLE	DPT
NAME	BENSON, FRANK S III
STREET ADDRESS	191 W NATIONIDE BLVD STE 200
CITY-ST-ZIP	COLUMBUS, OH 43215
TITLE	DV
NAME	CASTO, WILLIAM G
STREET ADDRESS	191 W NATIONIDE BLVD STE 200
CITY-ST-ZIP	COLUMBUS, OH 43215
TITLE	V
NAME	LUKEMAN, PAUL G
STREET ADDRESS	191 W NATIONIDE BLVD STE 200
CITY-ST-ZIP	COLUMBUS, OH 43215
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ **Don M. Casto, III** APRIL 23, 2007 614-228-5331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #