


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # F96000002934 1. Entity Name 209 ASSOCIATES, INC.	
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Principal Place of Business 191 W NATIONIDE BLVD STE 200 COLUMBUS, OH 43215-2568	Mailing Address 191 W NATIONIDE BLVD STE 200 COLUMBUS, OH 43215-2568
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DO NOT WRITE IN THIS SPACE



04112008 No Chg-P CR2E034 (11/05)

4. FEI Number 31-1320706	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000917945 05/13/08-80062-020 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CASTO, DON M III 191 W NATIONIDE BLVD STE 200 COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BENSON, FRANK S III 191 W NATIONIDE BLVD STE 200 COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CASTO, WILLIAM G 191 W NATIONIDE BLVD STE 200 COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LUKEMAN, PAUL G 191 W NATIONIDE BLVD STE 200 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** **04/18/08** **614-228-5331**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #