

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2004 8:00 am**  
**Secretary of State**

04-06-2004 90024 039 \*\*\*150.00

**DOCUMENT # F96000003795**

1. Entity Name

AMSDOLL PARTNERS, INC.



Principal Place of Business

6745 ENGLE RD., #300  
THE PARKVIEW BUILDING  
MIDDLEBURG HEIGHTS OH 44130

Mailing Address

6745 ENGLE RD., #300  
THE PARKVIEW BUILDING  
MIDDLEBURG HEIGHTS OH 44130

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

34-1837042

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	AMSDOLL, ROBERT J	
STREET ADDRESS	6745 ENGLE RD., #300, THE PARKVIEW BLDG	
CITY-ST-ZIP	MIDDLEBURG HEIGHTS OH 44130	
TITLE	DV	<input type="checkbox"/> Delete
NAME	AMSDOLL, BARRY L	
STREET ADDRESS	6745 ENGLE RD., #300, THE PARKVIEW BLDG	
CITY-ST-ZIP	MIDDLEBURG HEIGHTS OH 44130	
TITLE	S	<input type="checkbox"/> Delete
NAME	AMSDOLL, TODD C	
STREET ADDRESS	6745 ENGLE RD STE 300	
CITY-ST-ZIP	MIDDLEBURG HEIGHTS OH 44130	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BARTEL, J C	
STREET ADDRESS	6745 ENGLE RD STE 300	
CITY-ST-ZIP	MIDDLEBURG HEIGHTS OH 44130	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 empowerment.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/04

Date

440-234-0700

Daytime Phone #