

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90251 023 ***158.75

DOCUMENT # F97000004321

1. Entity Name

TELANTIS VENTURE PARTNERS V, INC.



Principal Place of Business

2180 IMMOKALEE ROAD
SUITE 311
NAPLES FL 34110

Mailing Address

791 WYE RD.
AKRON OH 44333
US

2. Principal Place of Business

2180 IMMOKALEE RD

3. Mailing Address

Suite, Apt. #, etc.

SUITE 312

City & State

NAPLES, FL

City & State

Zip

34110

Country

Zip

Country

4. FEI Number

65-0761765

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

7. Name and Address of New Registered Agent

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
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
MEYERSON, ROBERT F
791 WYE RD
AKRON OH 44333 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GABRIEL, GERALD J
791 WYE ROAD
AKRON OH 44333 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSTD
CSISZAR, ALEX L
791 WYE ROAD
AKRON OH 44333 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ASAT
CULOTTA, ELINOR M
791 WYE RD.
AKRON OH 44333 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P, CEO, D
MEYERSON, ADAM H.
791 WYE RD
AKRON, OH 44333 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP, S, T, D
MEYERSON, ANDREW S.
791 WYE RD
AKRON, OH 44333 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AT
CULOTTA, ELINOR M.
791 WYE RD
AKRON, OH 44333 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
GOREK, KATHY J.
791 WYE RD
AKRON, OH 44333 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Elinor M. Culotta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELINOR M. CULOTTA ASST. TREAS.

4/22/04

Date

(330) 666-6380

Daytime Phone #