

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006129

FILED
Feb 06, 2006
Secretary of State

Entity Name: PM CORDOVA CROSSING CAPITAL CORP.

Current Principal Place of Business:

1765 MERRIMAN RD.
AKRON, OH 44313

New Principal Place of Business:

Current Mailing Address:

1765 MERRIMAN RD.
AKRON, OH 44313

New Mailing Address:

FEI Number: 34-1854229

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PETRARCA, LENORA J
Address: 1765 MERRIMAN RD.
City-St-Zip: AKRON, OH 44313

Title: DV () Delete
Name: SPONSELLER, ALAN
Address: 1765 MERRIMAN RD.
City-St-Zip: AKRON, OH 44313

Title: V () Delete
Name: FUTIA, JUNE
Address: 1765 MERRIMAN RD.
City-St-Zip: AKRON, OH 44313

Title: S () Delete
Name: DUFF, ANDREW R
Address: 159 S. MAIN ST., STE. 600
City-St-Zip: AKRON, OH 44313

Title: T () Delete
Name: MEINEKE, RONALD
Address: 1765 MERRIMAN RD.
City-St-Zip: AKRON, OH 44313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVAS (X) Change () Addition
Name: SPONSELLER, ALAN
Address: 1765 MERRIMAN RD.
City-St-Zip: AKRON, OH 44313

Title: VP (X) Change () Addition
Name: FUTIA, JUNE
Address: 1765 MERRIMAN RD.
City-St-Zip: AKRON, OH 44313

Title: S (X) Change () Addition
Name: DUFF, ANDREW R
Address: 159 S. MAIN ST., STE. 600
City-St-Zip: AKRON, OH 44308

Title: VPT (X) Change () Addition
Name: MEINEKE, RONALD
Address: 1765 MERRIMAN RD.
City-St-Zip: AKRON, OH 44313

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN W. SPONSELLER

DVAS

02/06/2006

Electronic Signature of Signing Officer or Director

Date