

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Jul 11, 2005 8:00 am**  
**Secretary of State**

07-11-2005 90116 044 \*\*\*550.00

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07012005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # F98000000642</b>					
1. Entity Name SOFA EXPRESS, INC.					
Principal Place of Business 4600 S HAMILTON ROAD BOX 130 GROVEPORT, OH 43125			Mailing Address ATTN: ACCOUNTS PAYABLE 4600 S HAMILTON ROAD GROVEPORT, OH 43125 US		
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 63-1008786	
				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  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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PAUL, KENNETH J 4600 HAMILTON RD. GROVEPORT, OH 43125 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BRISLEY, PETER O 405 LEWALLEN RD. ASHEBORO, NC 27203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EXEV PETERS, ROBERT 725 MYATT DR. MADISON, TN 37115 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4600 S. HAMILTON RD. GROVEPORT, OH 43125		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SCOTT K. KAUFFMAN 4600 S. HAMILTON RD. GROVEPORT, OH 43125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D J. B. DAVIS 4600 S. HAMILTON RD. GROVEPORT, OH 43125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHIEF FINANCIAL OFFICER K. SCOTT PASQUITH 4600 S. HAMILTON RD. GROVEPORT, OH 43125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>K. Scott Pasquith</u> K. Scott Pasquith 07/06/05 (614) 836-4800 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					