2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F99000006016

1. Entity Name
SYLVAN FORGE, INC.

Principal Place of Business	Mailing Address
11615 FAIRVIEW RD SE NEWARK, OH 43056	7420 JAMES AVE. N. ROYALTON, OH 44133

DO NOT WRITE IN THIS SPACE

04152005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BLACKMORE, ERIC
655 DEL RIO ST
EDGEWOOD, FL 32339

DO NOT WRITE 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, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	MASON, MICHAEL
STREET ADDRESS	7420 JAMES ROAD
CITY-ST-ZIP	NORTH ROYALTON, OH 44133
TITLE	V
NAME	BLACKMORE, ERIC
STREET ADDRESS	655 DEL RIO ST
CITY-ST-ZIP	EDGEWOOD, FL 32839
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000320595
04/21/05-80043-020 150.00

DO NOT WRITE IN THIS SPACE

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: _Mike Mason_ MIKE MASON   4/17/05   440-237-3626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #