

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 09, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # F99000006016**

1. Entity Name  
SYLVAN FORGE, INC.



Principal Place of Business

11615 FAIRVIEW RD SE  
NEWARK, OH 43056

Mailing Address

7420 JAMES AVE.  
N. ROYALTON, OH 44133



02052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000426825  
02/20/06-80048-018 150.00

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 32339

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*MIKE MASON*

*2/5/06 440-257-3626*

Date

Daytime Phone #