


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 06, 2006 08:00 AM
Secretary of State

DOCUMENT # G06507 1. Entity Name ONTARIO MANAGEMENT CORP.		
Principal Place of Business 867 S ATLANTIC AVE ORMOND BEACH, FL 32176 US	Mailing Address 867 S ATLANTIC AVE ORMOND BEACH, FL 32176 US	



07032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2316306	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FINCKE, GERALD 867 S ATLANTIC AVE ORMOND BCH., FL 32176

**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 the if applicable.

(NOTE: Registered Agent signature required when reinstating)

U000000568228
07/06/06-88814-010-150.75

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST ALBERT, RICHARD F. 655 PULLMAN AVE ROCHESTER, NY 14615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BADER, MICHAEL E. 655 PULLMAN AVE ROCHESTER, NY 14615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PREMO, VICTORIA E. 867 S. ATLANTIC AVE. ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Victoria E. Premo Victoria E. Premo

07/03/06 (386) 677-2440

Date

Daytime Phone #