

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90044 004 \*\*\*158.75

**DOCUMENT # G32212**

**1. Entity Name**

**MAHONING LUMBER CENTER OF FLORIDA, INC.**



**Principal Place of Business**

**2750 N FEDERAL HWY.  
FT. LAUDERDALE FL 33306  
US**

**Mailing Address**

**3671 STAUNTON DRIVE  
YOUNGSTOWN OH 44505**

64060041



MOORE CR2E034 (11/03)

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. FEI Number 34-1387206**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CHRISTIANSEN, MICHAEL  
2750 NORTH FEDERAL HIGHWAY  
FORT LAUDERDALE FL 33306**

**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**

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

**TITLE** P ☐ Delete  
**NAME** GERSON, WILLIAM J.  
**STREET ADDRESS** 3671 STAUNTON DR  
**CITY-ST-ZIP** YOUNGSTOWN OH

**TITLE** VP ☐ Delete  
**NAME** GERSON, REBECCA M.  
**STREET ADDRESS** 3671 STAUNTON DRIVE  
**CITY-ST-ZIP** YOUNGSTOWN OH

**TITLE** S ☐ Delete  
**NAME** GERSON, ILONA W.  
**STREET ADDRESS** 3671 STAUNTON DRIVE  
**CITY-ST-ZIP** YOUNGSTOWN OH

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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:**

*Ilona W. Gerson*

**ILONA W. GERSON**

**3/12/2004 330-759-1691**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #