

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # H26922

1. Entity Name
AP/ISLEWORTH GROUP, INC.



Principal Place of Business
IMG CENTER
SUITE 100, 1360 E 9TH ST
CLEVELAND, OH 44114-782 US

Mailing Address
IMG CENTER
SUITE 100, 1360 E 9TH ST
CLEVELAND, OH 44114-782 US



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1454805

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**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 registering)

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	VD
NAME	LAFAYE, ARTHUR J. JR.
STREET ADDRESS	IMG CENTER, SUITE 100, 1360 E 9TH ST
CITY- ST- ZIP	CLEVELAND, OH 441141782
TITLE	VD
NAME	JOHNSTON, ALASTAIR J.
STREET ADDRESS	IMG CENTER, SUITE 100, 1360 E 9TH ST
CITY- ST- ZIP	CLEVELAND, OH 441141782
TITLE	P
NAME	PALMER, ARNOLD D
STREET ADDRESS	IMG CENTER, SUITE 100, 1360 E 9TH ST
CITY- ST- ZIP	CLEVELAND, OH 441141782
TITLE	T
NAME	ZUGAY, JACK
STREET ADDRESS	IMG CENTER, SUITE 100, 1360 E 9TH ST
CITY- ST- ZIP	CLEVELAND, OH 441141782
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000176911
01/11/05-80015-024 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack Zugay, Treasurer

1-6-05

Date

(216) 522-1200

Daytime Phone #