

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03282008

Chg-P

CR2E034 (12/06)

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

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 nonissuing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000925085
05/20/08-80051-021 150.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME VD
STREET ADDRESS LAFAVE, ARTHUR J. JR.
CITY-STATE-ZIP IMG CENTER, SUITE 100, 1360 E 9TH ST
CLEVELAND, OH 441141782

TITLE ☐ Delete
NAME VD
STREET ADDRESS JOHNSTON, ALASTAIR J.
CITY-STATE-ZIP IMG CENTER, SUITE 100, 1360 E 9TH ST
CLEVELAND, OH 441141782

TITLE ☐ Delete
NAME P
STREET ADDRESS PALMER, ARNOLD D
CITY-STATE-ZIP IMG CENTER, SUITE 100, 1360 E 9TH ST
CLEVELAND, OH 441141782

TITLE ☐ Delete
NAME T
STREET ADDRESS SWEENEY, CAROLYN
CITY-STATE-ZIP IMG CENTER 1360 E. 9TH ST. STE 100
CLEVELAND, OH 441141782

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TREASURER

CAROLYN SWEENEY - TREASURER

Daytime Phone #

216-522-1200

4/24/08