


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # H66818 1. Entry Name FLORACENTERS, INC.	
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Principal Place of Business 191 W. NATIONWIDE BLVD. SUITE 200 COLUMBUS, OH 43215-2568	Mailing Address 191 W. NATIONWIDE BLVD. SUITE 200 COLUMBUS, OH 43215-2568
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04252005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 31-1147986	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

THE PRENTICE-HALL CORPORATION SYSTEM INC  
1201 HAYES ST  
STE 105  
TALLAHASSEE, FL 32301

**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, 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 NAME STREET ADDRESS CITY-ST-ZIP	VSD CASTO, DON M., III 191 W. NATIONWIDE BLVD. SUITE 200 COLUMBUS, OH 432152568
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BENSON, FRANK S., III 191 W. NATIONWIDE BLVD. SUITE 200 COLUMBUS, OH 432152568
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTO, WILLIAM G. 399 TAYLOR BLVD. #103 PLEASANT HILL, CA 94523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENSON, NANCY C 191 W NATIONWIDE BLVD STE 200 COLUMBUS, OH 432152568
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORAN, ANN C 191 W NATIONWIDE BLVD STE 200 COLUMBUS, OH 432152568
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIBBLESMA, NANCY B 191 W NATIONWIDE BLVD STE 200 COLUMBUS, OH 432152568

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IN THIS SPACE**

UD00000360147  
05/05/05-80020-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Frank S. Benson III April 28, 2005 614-228-5331  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #