

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## COCUMENT # H90538 Autity Name Autity Name

FILED
May 04, 2007 08:00 A
Secretary of State

Principal Place of Business

32000 SOLON ROAD SOLON, OH 44139

SIGNATURE:

Mailing Address

32000 SOLON ROAD SOLON, OH 44139



DO NOT WRITE IN THIS SPAC				05012007 4. FEI Numb 59-263		CR2E034 (11	
IHRIG, WILLIAM K C/O BROAD AND CASSEL 100 NORTH TAMPA, SUITE 3500 TAMPA, FL 33602			DO NOT WRITE IN THIS SPACE				
B. 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 refinstating)  DATE							
FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Fin. Trust Fund Contribution			cing 🗀	\$5.00 May Ba Added to Fees			
10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT SD DAVIS, LOIS 27500 CEDAR ROAD - PH 8 BEACHWOOD, OH 44122 PD DAVIS, JEFFREY S. 32000 SOLON ROAD SOLON, OH	CTORS			U0000 05/25/0 NOT W THIS SF	RITE	08 150.00
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 end to see out 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.							

ED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR