


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90082 049 \*\*\*150.00

**DOCUMENT # J14538**  
 1. Entity Name  
 M.T.A. INVESTMENTS, INC.



Principal Place of Business  
 P O BOX 5260  
 AKRON, OH 44334 US

Mailing Address  
 P O BOX 5260  
 AKRON, OH 44334 US

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country



04202004 Chg-P CR2E034 (10/03)

4. FEI Number  
 59-2738546

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 THOMPSON, MICHAEL W  
 1846 GULF BLVD  
 ENGLEWOOD, FL 33533

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	THOMPSON, MICHAEL W.	
STREET ADDRESS	1846 GULF BLVD	
CITY-ST-ZIP	ENGLEWOOD, FL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	TAYLOY, MARY LOU	
STREET ADDRESS	3960 MEDINA RD	
CITY-ST-ZIP	AKRON, OH	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ABERSON, LESLIE	
STREET ADDRESS	5940 TIMORE RIDGE DR.	
CITY-ST-ZIP	PROSPECT, KY 40059	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HO, LINDA	
STREET ADDRESS	24304 SADDLEBAG TRAIL	
CITY-ST-ZIP	MYAKKA CITY, FL 34251	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PATTERSON, JAMES A.	
STREET ADDRESS	100000SHELBYVILLE #100	
CITY-ST-ZIP	LOUISVILLE, KY	
TITLE	DV	<input type="checkbox"/> Delete
NAME	STEFANINI, JOSEPH	
STREET ADDRESS	3960 MEDINA RD	
CITY-ST-ZIP	AKRON, OH	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5 CARLE E. PATRICK	
STREET ADDRESS	6823 OLD RANCH ROAD	
CITY-ST-ZIP	SARASOTA, FL 34241	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  TREASURER  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/04 Date

330-666-0711 Daytime Phone #