

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M49288

1. Entity Name
FL-PEMBROKE, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

04 MAY 11 PM 3:48

Principal Place of Business

1050 TERMINAL TOWER
50 PUBLIC SQ STE 1160
CLEVELAND, OH 44113 US

Mailing Address

1050 TERMINAL TOWER
50 PUBLIC SQ STE 1160
CLEVELAND, OH 44113 US



05042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1597921

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
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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.

600037064906
05/25/04--01007--006 **150.00

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 \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MONCHEIN, ROBERT F
STREET ADDRESS	1050 TERMINAL TOWER, 50 PUBLIC SQ. STE1160
CITY-ST-ZIP	CLEVELAND, OH 44113
TITLE	S
NAME	MILLER, SAMUEL H
STREET ADDRESS	1050 TERMINAL TOWER, 50 PUBLIC SQ. STE 1160
CITY-ST-ZIP	CLEVELAND, OH 44113
TITLE	V
NAME	O'BRIEN, ROBERT G
STREET ADDRESS	1050 TERMINAL TOWER, 50 PUBLIC SQ. STE 1160
CITY-ST-ZIP	CLEVELAND, OH 44113
TITLE	V
NAME	WOLFE, JUDITH A
STREET ADDRESS	1050 TERMINAL TOWER, 50 PUBLIC SQ. STE 1160
CITY-ST-ZIP	CLEVELAND, OH 44113
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 my address, with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-2004

Date

216-621-6060

Daytime Phone #

Robert F. Monchein, President