


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N29304</b> 1. Entity Name WITHOUT END, INC.	
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Principal Place of Business C/O YVONNE PETERS 2827 MAX SMITH LUTZ, FL 33549	Mailing Address 2130 RADNOR AVE. W COLUMBUS, OH 43224
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**DO NOT WRITE IN THIS SPACE**



01172005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2970765	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PETERS, YVONNE D.  
2827 MAX SMITH RD  
LUTZ, FL 33549

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEYNON, JOE 9136 EDGEWOOD DR GAITHERSBURG, MD 20877
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PETERS, CARL 2827 MAX SMITH RD LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PETERS, YVONNE 2827 MAX SMITH RD LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSBORNE, SCOTT 227 BROOKHILL DR GAHANNA, OH 43236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSBORNE, DARYSE 227 BROOK HILL DR GAHANNA, OH 43236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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01/24/05-80168-015 61.25

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 617, 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:** Yvonne D. Peters **YVONNE D. PETERS PRES** 1-20-05 (614) 342-2130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #