

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29304

FILED
Mar 23, 2009
Secretary of State

Entity Name: WITHOUT END, INC.

Current Principal Place of Business:

C/O YVONNE PETERS
2827 MAX SMITH
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

259 SUMPTION DR.
COLUMBUS, OH 43230

New Mailing Address:

FEI Number: 59-2970765

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BEYNON, JOE
Address: 9136 EDGEWOOD DR
City-St-Zip: GAITHERSBURG, MD 20877

Title: DV () Delete
Name: PETERS, CARL
Address: 2827 MAX SMITH RD
City-St-Zip: LUTZ, FL 33549

Title: DP () Delete
Name: PETERS, YVONNE
Address: 2827 MAX SMITH RD
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: OSBORNE, SCOTT
Address: 227 BROOKHILL DR
City-St-Zip: GAHANNA, OH 43236

Title: D () Delete
Name: OSBORNE, DARYSE
Address: 227 BROOK HILL DR
City-St-Zip: GAHANNA, OH 43236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YVONNE D. PETERS

PRES

03/23/2009

Electronic Signature of Signing Officer or Director

Date