

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000104509

1. Entity Name
FC HAWKS HAVEN, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
04 MAY 11 PM 3:48

Principal Place of Business
TERMINAL TOWER, 50 PUBLIC SQUARE
SUITE 1160
CLEVELAND, OH 44113

Mailing Address
TERMINAL TOWER, 50 PUBLIC SQUARE
SUITE 1160
CLEVELAND, OH 44113



05042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1745877

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 C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

400037064844

05/25/04--01007--004 ***150.00

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
PDT
MILLER, SAMUEL H
1160 TERMINAL TOWER 50 PUBLIC SQUARE
CLEVELAND, OH 44113

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
MONCHEIN, ROBERT F
1160 TERMINAL TOWER 50 PUBLIC SQUARE
CLEVELAND, OH 44113

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
SMITH, THOMAS G
1160 TERMINAL TOWER 50 PUBLIC SQUARE
CLEVELAND, OH 44113

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Thomas G. Smith, Secretary