2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000054748

Title:

Name:

Address:

City-St-Zip:

Entity Name: PHANTOM OF FORT MYERS, INC.

FILED Apr 07, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1031 FOWLER AVENUE TAMPA, FL 33612 **Current Mailing Address: New Mailing Address:** 555 MARTIN LUTHER KING JR BLVD YOUNGSTOWN, OH 445021102 FEI Number: 59-3707189 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FARGE, NANCY G TAMPA THEATRE BUILDING 707 N FRANKLIN ST, 4TH FLOOR TAMPA, FL 33602 ÚS 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: P-D () Delete Title: () Change () Addition ZOLDAN, BRUCE J Name: Name: 3615 SUGARBUSH DR Address: Address: City-St-Zip: CANFIELD, OH 44406 City-St-Zip: Title: VP-D Title: () Delete () Change () Addition Name: BOSTOCKY, JERRY Name: 305 RUSSO DRIVE Address: Address: City-St-Zip: CANFIELD, OH 44406 City-St-Zip: Title: VP-D Title: () Delete () Change () Addition ZOLDAN, ALAN L Name: Name: 1385 FOX DEN TRAIL Address: Address: City-St-Zip: CANFIELD, OH 444068305 City-St-Zip: Title: () Delete Title: () Change () Addition FRANK, PETER S Name: Name: Address: 8518 SUMMERLAND TRAIL Address: City-St-Zip: POLAND, OH 44514 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIAM A. WEIMER S 04/07/2008

() Delete

WEIMER, WILLIAM A

YOUNGSTOWN, OH 44504

2331 FIFTH AVE.

() Change () Addition