

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90106 048 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**20034453**



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 58-2648543-20-1408302 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

BAUMAN, STEVEN B  
25 NE WALTER MARTIN RD.  
STE. 101  
FORT WALTON BEACH, FL 32548

**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]* LEWIS T. HETZ 3/31/05  
Signature, typed, printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	HETZ, LEWIS T
STREET ADDRESS	5636 BRIDGETOWN ROAD
CITY-ST-ZIP	CINCINNATI, OH 45248
TITLE	T
NAME	THOMAS, STEVEN
STREET ADDRESS	2611 ANDERSON FERRY RD
CITY-ST-ZIP	CINCINNATI, OH 45238
TITLE	DV
NAME	MULVANEY, GREGORY
STREET ADDRESS	5054 WESSELMANN WOODS DR
CITY-ST-ZIP	CLEVES, OH 45002
TITLE	S
NAME	HETZ, CHRISTINE
STREET ADDRESS	5636 BRIDGETOWN RD.
CITY-ST-ZIP	CINCINNATI, OH 45248
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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

2/28/05 (513) 574-4911  
Date Office Phone #

LEWIS T. HETZ, PRESIDENT