## **2004 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

DOCUMENT # P02000050090



FILED Apr 13, 2004 8:00 am Secretary of State

Steel Address of Name and Address of Current Registered Agent   Steel Address of Name and Address of Name Registered Agent   Name	S&HPR	OPERTIES OF ENGLEW	OOD, INC.			04-13-200	04 90013 02	21 ****13	0.00
Suite Apt. #, etc.    Suite Apt. #, etc.   Suite Apt. #, etc.	6800 PLACIDA ROAD		6800 PLACIDA ROAD	6800 PLACIDA ROAD			540	3243	Û
City & State  City & State of Status Desired   \$8.75 Additional Fee Required  Street Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Date  Title Number is Not Acceptable)  Street Address of New Registered Agent  Name is not Acceptable)  Street Address of New Registered Agent  The Name is not Acceptable)  Street Address of New Registered Agent  The Name is not Acceptable)  Street Address of New Registered Agent  The Name is not Acceptable)  Street Address of New Registered Agent  The Name is not Acceptable)  Street Address of New Registered Agent  The Name is not Acceptable  The Name is not Acceptable  Street Address of New Registered Agent  The Name is not Acceptable  The Name is not Acce	2. Principal P	lace of Business	3. Mailing Address						
Steel Address of Country   Zip   Country   St. Certificate of Status Desired   St. 75 Additional Fee Required	Suite. Apt. #, etc.		Suite, Apt. #, etc.		01122004	Chg-P	CR2E03	4 (10/03)	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  6. 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 lamiliar with, and a the obligations of registered agent.  SignaTure: Signat	City & State	e	City & State					<del></del>	plied For t Applicable
HANEWINCKEL, DEAN 1861 PLACIDA RD #204 ENGLEWOOD, FL 34224  Street Address (P.O. Box Number is Not Acceptable)  City  City  FL  Zip Code  City  FL  Zip Code  City  FL  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE  SPADE, ROBERT W STREET ADDRESS  GITY-ST-ZIP  TITLE  D Delete  HARRISON, ROBERT  TITLE  TITLE  D Delete  HARRISON, ROBERT  THE CHANDRESS  CITY-ST-ZIP  WESTCHESTER, OH 45063.  TITLE  Delete  TITLE  Delete  TITLE  SIREET ADDRESS  SIREET ADDRES	Zip			Country			U F	ee Required	
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  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 a the obligations of registered agent.  SIGNATURE  Signature, hipsed or prefer name of registered agent and title if applicable.  FILE NOWIII FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.  Delete  NAME  STREET ADDRESS  GROUP ST-ZIP  WESTCHESTER, OH 45063.  Street ADDRESS  STREET ADDRES		6. Name and Address of Curre	ent Registered Agent		7. Name and	Address of New	Registered Ag	ent	•
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 a the obligations of registered agent.  SIGNATURE    Signature, hyper or perited name of registered agent and title if applicable.   (NOTE Prepisitered Agent signature required when reinstating)   DATE	1861 PLAC	CIDA RD #204			ress (P.O. Box Numbe	r is Not Acceptat	ole)		4 .
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 lamiliar with, and a the obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required witten reinstating)   DATE	ē			City			FI	Zip Code	<del>-</del>
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  10.			it for the purpose of changing its	registered office or re	egistered agent, or bot	n, in the State of I		miliar with,	and accept
After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.  Added to Fees  Added to Fees  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE  NAME SPADE, ROBERT W STREET ADDRESS 6800 PLACIDA ROAD STREET ADDRESS CITY-ST-ZIP ENGLEWOOD, FL 34224  TITLE NAME HARRISON, ROBERT THAP CHAMPIONS LANE CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS THAP CHAMPIONS LANE TITLE NAME STREET ADDRESS	SIGŅATURE.	Signature, typed or printed name of registered ag	gent and title if applicable, (NOT	E: Registered Agent signature	required when reinstating)		DATE		
10 OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  ITITLE   D		ay 1, 2004 Fee will be \$55	0.00 Trust Fund Con	tribution.	Added to Fees		33. 554.	3×	
NAME STREET ADDRESS G800 PLACIDA ROAD STREET ADDRESS CITY-ST-ZIP ENGLEWOOD, FL 34224 CITY-ST-ZIP TITLE D HARRISON, ROBERT STREET ADDRESS CITY-ST-ZIP WESTCHESTER, OH 45963.  Delete TITLE NAME STREET ADDRESS	10.		ND DIRECTORS	11.	ADDITIONS/	CHANGES TO O	FFICERS AND D	DIRECTORS	3 IN 11
NAME STREET ADDRESS CITY-ST-ZIP WESTCHESTER, OH 45063. TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	SPADE, ROBERT W 6800 PLACIDA ROAD	☐ Dalete	NAME STREET ADDRESS				☐ Change	Addition
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indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 AND TYPED OR SIGNATURE: \_

NING OFFICER OR DIRECTOR

Daytime Phone #