


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000121006</b>	
1. Entity Name PHANTOM OF BREVARD, INC.	

Principal Place of Business	Mailing Address
707 NORTH FRANKLIN STREET 4TH FLOOR TAMPA, FL 33602	555 MARTIN LUTHER KING, JR. BLVD. YOUNGSTOWN, OH 44502



01182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 56-2299954	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FARAGE, NANCY G TAMPA THEATRE BUILDING 707 NORTH FRANKLIN STREET 4TH FLOOR TAMPA, FL 33602

<b>DO NOT WRITE IN THIS SPACE</b>
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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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P&D ZOLDAN, BRUCE J 4490 DEVONSHIRE DRIVE YOUNGSTOWN, OH 44512
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-D BOSTOCKY, JERRY 305 RUSSO DRIVE CANFIELD, OH 44406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ZOLDAN, ALAN L 1385 FOX DEN TRAIL CANFIELD, OH 444068305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEIMER, WILLIAM A 2331 FIFTH AVENUE YOUNGSTOWN, OH 44504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRANK, PETER S 8518 SUMMERLAND TRAIL POLAND, OH 44514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000312736 04/18/05-80096-014 150.00
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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:** *Peter Frank* **PETER FRANK** *4/11/05* **330-746-1064**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #