## - 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P04000172281**

1. Enlity Name 59 MENTOR INC



FILED Feb 16, 2006 08:00 AM Secretary of State

Principal Place of Business

376 1ST AVENUE N NAPLES, FL 34102 Mailing Address

376 1ST AVENUE N NAPLES, FL 34102





02042006

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-2058614 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NICKLOS, VICTORIA 376 1ST AVENUE N NAPLES, FL 34102

## DO NOT WRITE IN THIS SPACE

₫.	. The adove named entity submits this statement for the purpose of changing its registered office of registered agent, of both, in the State of Florida.	I am lamiliar with, and accept
	the obligations of registered agent.	•

SIGNATURE.

CITY-ST-ZIP

TITLE
HAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
HAME
STREET ADDRESS
CITY-ST-ZIP

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

(NOTE, Rigistered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

LAKEWOOD, OH 44107

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

10. OFFICERS AND DIRECTORS TITLE P NICKLOS, VICTORIA NAME STREET ADDRESS 376 1ST AVENUE N CITY-ST-ZIP NAPLES, FL 34102 TITLE NICKLOS, RICHARD NAME 22 WILLOUGHBY DRIVE STREET ADDRESS CATY-ST-ZIP NAPLES, FL 34110 VP TITLE NAME NICKLOS, MICHAEL STRUET ADDRESS 22860 HILLIARD CHY-ST-ZIP ROCKY RIVER, OH 44116 MILE VP NAME NICKLOS, RONALD L **5 EDGEWATER SQUARE** STREET ADDRESS

#00000436791 02/28/06-80015-017 150.00

## DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Wateria Hollow

2/9/06