2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P05797

1. Entity Name
SELECT SIRES, INC.

Principal Place of Business	Mailing Address
11740 U.S. 42 PLAIN CITY, OH 43064-7143	11740 U.S. 42 PLAIN CITY, OH 43064-7143

09022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-0717091
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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

000000171723
09/08/04-80002-024 550.00

10. OFFICERS AND DIRECTORS

TITLE	EV
NAME	THORBAHN, DAVID
STREET ADDRESS	730 W. MAIN ST.
CITY-ST-ZIP	PLAIN CITY, OH 43064
TITLE	VP
NAME	BRYNER, JEFFREY D.
STREET ADDRESS	4386 PACKARD
CITY-ST-ZIP	PLAIN CITY, OH 43064
TITLE	VP
NAME	MONKE, DONALD D.
STREET ADDRESS	7481 P.C. GEORGESVILL RD
CITY-ST-ZIP	PLAIN CITY, OH 43064
TITLE	VP
NAME	WALLACE, ROY A
STREET ADDRESS	5390 BENNINGTON WOOD
CITY-ST-ZIP	COLUMBUS, OH 43220
TITLE	V
NAME	FICKEL, JERRY B.
STREET ADDRESS	11530 S.W. 83RD TERR.
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 9-3-04 614-733-3412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #