


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Sep 07, 2005 08:00 AM
Secretary of State**

DOCUMENT # P05797 1. Entity Name SELECT SIRES, INC.	
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Principal Place of Business 11740 U.S. 42 PLAIN CITY, OH 43064-7143	Mailing Address 11740 U.S. 42 PLAIN CITY, OH 43064-7143
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DO NOT WRITE IN THIS SPACE



09012005 No Chg-P CR2E034 (10/03)

4. FEI Number 31-0717091	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

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

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV THORBAHN, DAVID 730 W. MAIN ST. PLAIN CITY, OH 43064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRYNER, JEFFREY D. 4386 PACKARD PLAIN CITY, OH 43064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MONKE, DONALD D. 7481 P.C. GEORGESVILL RD PLAIN CITY, OH 43064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALLACE, ROY A 5390 BENNINGTON WOOD COLUMBUS, OH 43220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FICKEL, JERRY B. 11530 S.W. 83RD TERR. MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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09/07/05-80004-012 550.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Jeffrey D. Bryner* **V.P.** 8-2-05 614-733-3412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #