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Secretary of State

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2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P16268

1. Entity Name
PAULICH SPECIALTY CO., INC.

66017750

Principal Place of Business	Mailing Address
1695 JOSEPH LLOYD PKWY WILLOUGHBY, OH 44094 US	1695 JOSEPH LLOYD PKWY WILLOUGHBY, OH 44094 US

04232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-0932172

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATE REGISTERED AGENT, LLC
5147 CASTELLO DRIVE
NAPLES, FL 34103

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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 $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	GORYANCE, JOHN REX
STREET ADDRESS	1695 JOSEPH LLOYD PKWY
CITY-ST-ZIP	WILLOUGHBY, OH 44094
TITLE	D
NAME	PAULICH, JOHN III
STREET ADDRESS	5147 CASTELLO DRIVE
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	D
NAME	PAULICH, JOHN JR.
STREET ADDRESS	4401 GULF SHORE BLVD. NORTH, #1708
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: _____ 6-10-07 440.954.6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #