

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P20753

1. Entity Name
EBC MID-AMERICA, INC.



Principal Place of Business
**9275 NORTH 49TH STREET
BROWN DEER, WI 53223**

Mailing Address
**9275 NORTH 49TH STREET
BROWN DEER, WI 53223**



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
39-1277023

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**

**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 _____

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

(NOTE: Registered Agent signature required when re-instating)

DATE _____

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000399112
01/31/06-80027-007 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FLUNKER, BRUCE G
STREET ADDRESS 9275 N 49TH ST
CITY-ST-ZIP MILWAUKEE, WI 532236455

TITLE V
NAME GUAGENTI, COREEN A
STREET ADDRESS 215 STANFORD PARKWAY
CITY-ST-ZIP FINDLAY, OH 45839

TITLE V
NAME HUSSEY, TIMOTHY R
STREET ADDRESS 9275 N. 49TH ST
CITY-ST-ZIP MILWAUKEE, WI 532236455

TITLE V
NAME CZARNECKI, ALAN J
STREET ADDRESS 9275 N 49TH ST
CITY-ST-ZIP MILWAUKEE, WI 532236455

TITLE T/D
NAME HARBIN, ROGER F
STREET ADDRESS 5069 154TH PL NE
CITY-ST-ZIP REDMOND, WA 98052

TITLE S/D
NAME PAGOS, GEORGE C
STREET ADDRESS 5069 154TH PLACE NE
CITY-ST-ZIP REDMOND, WA 98052

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/06

Date

444-410-1810

Daytime Phone