

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90059 045 ***150.00

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03282007 Chg-P CR2E034 (12/06)

4. FEI Number **59-2955197** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

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 **PD** ☐ Delete
NAME **SETEROFF, RICHARD**
STREET ADDRESS **7210 US 1 NORTH #203**
CITY-ST-ZIP **FORT ST. JOHN, FL**

TITLE **D** ☒ Delete
NAME **BATTER, WAYNE**
STREET ADDRESS **332 OLD MAPLE AVE.**
CITY-ST-ZIP **NORTH HAVEN, CT**

TITLE **ST** ☐ Delete
NAME **MUEGEL, PHILIP E.**
STREET ADDRESS **1000 HURRICANE SHOALS ROAD N.E.**
CITY-ST-ZIP **LAURENCEVILLE, GA 30043**

TITLE **D** ☒ Delete
NAME **OSENBAUGH, JACK**
STREET ADDRESS **3120 KETTERING BLVD.**
CITY-ST-ZIP **DAYTON, OH 45439**

TITLE **D** ☒ Delete
NAME **CROUCH, MICHAEL L**
STREET ADDRESS **3500 COMMERCE CENTER DR.**
CITY-ST-ZIP **FRANKLIN, OH 45005**

TITLE **D** ☒ Delete
NAME **FRY, BENJAMIN G**
STREET ADDRESS **3110 KALTERKAY BLVD**
CITY-ST-ZIP **DAYTON, OH 45439**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **SALSMAN, MONTE**
STREET ADDRESS **3110 KETTERING BLVD**
CITY-ST-ZIP **DAYTON OH 45439**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **GROUT, CALVIN**
STREET ADDRESS **3110 KETTERING BLVD**
CITY-ST-ZIP **DAYTON OH 45439**

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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/07

Date

Daytime Phone #