## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P27228

1. Entity Name

FRANCIS DAVID CORPORATION



**FILED** Mar 14, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

5005 ROCKSIDE ROAD, PH 100 INDEPENDENCE, OH 44131

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01052006

No Chg-P

CR2E034 (11/05)

4. FEI Number 34-1569688

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

## DO NOT WRITE

PLANTATION, FL 33324			IN THIS SPACE			
	named entity submits this statement for the pations of registered agent.	urpose of changing its registered of	office or r	agistered agent, or b	oth, in the State of Florida. I am familiar with, and accept	ł
SIGNATURE.	Signature, typed or printed name at registered agent and title (	Tappificable. (NGTE: Pregistered Ag	ent signature	required when reinstating)	DATE	
FILE NOWIN FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financin     Trust Fund Contribution.	g 🖸	\$5.00 May Be Added to Fees	UUHHHHH67509   15725706-30053-019-150.00	
10.	OFFICERS AND DIREC	CTORS				_
TITLE NAME STREET ABDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP COMMENT OF THE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	D WEILAND, FRANCIS J 3502 SE 19TH PLACE CAPE CORAL, FL D WEILAND, MARGARET S. 3502 SE 19TH PLACE CAPE CORAL, FL PO RAHILLY, JOHN A. 250 SENLAC HILLS CHAGRIN FALLS, OH			DO	NOT WRITE	
TITLE MAME STREEL ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
HTLE HAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby o	ertify that the information supplied with this fill on this report or supplemental report is true a	ing does not qualify for the exemp	tions cor	stained in Chapter 11	9, Florida Statutes. I further certify that the Information of as if made under path, that I am an officer or director.	

indicated through supportion adopting the and accurate and teating signature shall have the same legal effect as it made under oath; that I am an officer or the conjugation or the receiver or trustee empowered to execute his 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John A RAMILLY - PRESIDENT