

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2004 8:00 am
Secretary of State

06-25-2004 90002 023 ***150.00
07-30-2004 90123 001 *2,000.00

DOCUMENT # P29149 1. Entity Name EZRA OF OHIO, INC.					
Principal Place of Business 433 WEST SIXTH AVENUE COLUMBUS, OH 43201			Mailing Address 433 WEST SIXTH AVENUE COLUMBUS, OH 43201		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 31-1295436	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CT-CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, THOMAS G. 5101 N A1A FT PIERCE, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EVANS, ROBERT D. 500 E MAYNARD COLUMBUS, OH	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOVELAND, CURTIS A. 41 SOUTH HIGH STREET COLUMBUS, OH	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURLEY, DEBRA L 644 THISTLE AVE. GAHANNA, OH	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROBOL, RICHARD T 433 W. 6TH AVE. COLOMBUS, OH	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>T.G. Thompson</u> T.G. Thompson		Date: <u>6/15/04</u>		Daytime Phone #: <u>614-299-6008</u>	

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