


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # P31687		
1. Entity Name GERMAIN PROPERTIES OF COLUMBUS, INC.		
Principal Place of Business 13315 N. TAMiami TRAIL NAPLES, FL 34110 US	Mailing Address 5777 SCARBOROUGH BOULEVARD COLUMBUS, OH 43232-4748 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ROGERS, WILLIAM L 10661 AIRPORT PULLING ROAD SUITE 16 NAPLES, FL 34109		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GERMAIN, STEPHEN L. 5777 SCARBOROUGH BLVD COLUMBUS, OH 43232	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVT GERMAIN, ROBERT L JR. 13315 NORTH TAMiami TRAIL NAPLES, FL 34110	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD GERMAIN, SR. ROBERT L 13329 NORTH TAMiami TRAIL NAPLES, FL 34110	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS MCCARTHY, SEAN H 4130 MORSE CROSSING COLUMBUS, OH 43219	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/26/06 Daytime Phone # 614-416-33



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number
31-1223417
Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

U00000553587
05/15/06-80057-009 158.75