


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90130 042 \*\*\*150.00

<b>DOCUMENT # P34090</b> 1. Entity Name <b>SFA HOLDING, INC.</b>					
Principal Place of Business <b>4029 LIGHTHOUSE LANE NAPLES, FL 34112 US</b>			Mailing Address <b>41 S. HIGH CT HC0640 HC0910 COLUMBUS, OH 43215 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04152004    Chg-P    CR2E034 (10/03)	
Zip		Country		4. FEI Number <b>31-1326256</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOOVER, R. LARRY		NAME	EDWARD J. KANE	
STREET ADDRESS	41 SOUTH HIGH STREET		STREET ADDRESS	415. HIGH ST. (HC0910)	
CITY-ST-ZIP	COLUMBUS, OH 43215		CITY-ST-ZIP	COLUMBUS, OH 43215	
TITLE	S	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIEBERSBACH, JOHN		NAME	A. DAWN STORY	
STREET ADDRESS	41 SOUTH HIGH STREET		STREET ADDRESS	415. HIGH ST. (HC0910)	
CITY-ST-ZIP	COLUMBUS, OH		CITY-ST-ZIP	COLUMBUS, OH 43215	
TITLE	T	<input type="checkbox"/> Delete	TITLE		
NAME	VANFLEET, JOHN		NAME		
STREET ADDRESS	41 SOUTH HIGH STREET		STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS, OH		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		
NAME	ISLER, DAVID F		NAME		
STREET ADDRESS	41 SOUTH HIGH STREET		STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS, OH 43215		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <u>A. Dawn Story</u>			<u>A. Dawn Story</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		

**54053259**

