

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000044516

Entity Name: PHASE XV, INC.

FILED
Jan 05, 2004
Secretary of State

Current Principal Place of Business:

27900 CROWN LAKE BLVD
BONITA SPRINGS, FL 341354242 US

New Principal Place of Business:

Current Mailing Address:

331 FOLKERTH AVE
SIDNEY, OH 45365 US

New Mailing Address:

FEI Number: 65-0522050

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIESELING, JOHN
500 ESTERO BLVD
SUITE 596
FORT MYERS BEACH, FL 33931 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOU-SLIMAN, GEORGE K
Address: 5079 POST OAK LANE
City-St-Zip: NAPLES, FL 34105

Title: P () Delete
Name: GRIESELING, JOHN
Address: 500 ESTENO BLVD SUITE 596
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: S () Delete
Name: COOPER, CHARLES
Address: 2449 W MARKET ST
City-St-Zip: TIFFIN, OH 44883

Title: T () Delete
Name: SHOEMAKER, THOMAS
Address: HOLIDAY INN, 400 FOLKERTH AVE
City-St-Zip: SIDNEY, OH 45365

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS SHOEMAKER

T

01/05/2004

Electronic Signature of Signing Officer or Director

Date