## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000095461

Entity Name: PHANTOM OF JACKSONVILLE, INC.

FILED Apr 15, 2007 Secretary of State

Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
INTER SECTION OF 1-10 & SR 228 RT 3 BOX 959 MAC CLENNY, FL 32063			INTER SECTION OF 1-10 & SR 228 RT 3, BOX 959 MACCLENNY, FL 32063			
Current M	lailing Addres	s:	New Maili	New Mailing Address:		
555 MARTIN LUTHER KING BLVD YOUNGSTOWN, OH 44502			555 MARTIN LUTHER KING BLVD YOUNGSTOWN, OH 445021102			
FEI Number	: 59-3356423	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
TAMPA TH	NANCY G ANKLIN ST HEATRE BLDG L 33602 US	i.				
	named entity s e of Florida.	submits this statement for the p	urpose of changing i	ts registered	office or registered agent, or both,	
SIGNATU	RE:					
	Electron	ic Signature of Registered Age	nt		Date	
Election Car	mpaign Financing	Trust Fund Contribution ( ).				
OFFICER	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P () ZOLDAN, BRUC 3615 SUGARBU CANFIELD, OH	JSH DR	Title: Name: Address: City-St-Zip:	P-D ( ZOLDAN, BRU 3615 SUGARI CANFIELD, O	BUSH DR	
Title: Name: Address: City-St-Zip:	VD () ZOLDAN, ALAN 1385 FOX DEN CANFIELD, OH	TRL.	Title: Name: Address: City-St-Zip:	ZOLDAN, ALA 1385 FOX DE		
Title: Name: Address: City-St-Zip:	VP () BOSTOCKY, JE 305 RUSSO DR CANFIELD, OH		Title: Name: Address: City-St-Zip:	BOSTOCKY, 305 RUSSO D	DRIVE	
Title: Name: Address: City-St-Zip:	T () FRANK, PETER 8518 SUMMER YOUNGSTOWN	LAND	Title: Name: Address: City-St-Zip:	FRANK, PETE 8518 SUMME	X) Change ()Addition ER S ERLAND TRAIL VN, OH 44514	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	WEIMER, WII 2331 FIFTH A		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: WILLIAM A. WEIMER S 04/15/2007