

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90280 001 ****50.00
04-22-2004 90280 002 ****50.00
04-22-2004 90280 003 ****50.00

66414130



02122004 Chg-P CR2E034 (10/03)

4. FEI Number **59-3379226** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FARAGE, NANCY G
707 N FRANKLIN ST 4TH FLOOR
TAMPA THEATRE BLDG
TAMPA, FL 33602

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **ZOLDAN, BRUCE J**
STREET ADDRESS **4490 DEVONSHIRE DRIVE**
CITY-ST-ZIP **YOUNGSTOWN, OH 44512**

TITLE **VD** ☐ Delete
NAME **ZOLDAN, ALAN L**
STREET ADDRESS **6741 LOCKWOOD BLVD.**
CITY-ST-ZIP **YOUNGSTOWN, OH 44512**

TITLE **VPD** ☐ Delete
NAME **BOSTOCKY, JERRY**
STREET ADDRESS **305 RUSSO DR**
CITY-ST-ZIP **CANFIELD, OH 44406**

TITLE **T** ☐ Delete
NAME **FRANK, PETER S**
STREET ADDRESS **8518 SUMMERLAND TRAIL**
CITY-ST-ZIP **POLAND, OH 44514**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☒ Change ☐ Addition
NAME **ZOLDAN, ALAN L.**
STREET ADDRESS **1385 FOX DEN TRAIL**
CITY-ST-ZIP **CANFIELD, OH 44406-8305**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE: *Peter Frank* **PETER FRANK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-04 **330-746-1064**

Date

Daytime Phone #