


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000028572	
1. Entity Name PHANTOM OF CLEARWATER, INC.	

Principal Place of Business 2970 GULF-TO-BAY BLVD CLEARWATER, FL 34623	Mailing Address 555 MARTIN LUTHER KING BLVD YOUNGSTOWN, OH 44502 US
--	---

DO NOT WRITE IN THIS SPACE

01182005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3379226	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	P ZOLDAN, BRUCE J 4490 DEVONSHIRE DRIVE YOUNGSTOWN, OH 44512
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ZOLDAN, ALAN L 1385 FOX DEN TRAIL CANFIELD, OH 444068305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BOSTOCKY, JERRY 305 RUSSO DR CANFIELD, OH 44406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRANK, PETER S 8518 SUMMERLAND TRAIL POLAND, OH 44514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000285954
04/04/05-80008-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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** 3/30/05 330-746-1064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #