

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000028608

FILED
Feb 27, 2009
Secretary of State

Entity Name: PHANTOM OF ST. AUGUSTINE, INC.

Current Principal Place of Business:

1715 C R 210 WEST
JACKSONVILLE, FL 322592011 US

New Principal Place of Business:

1715 COUNTY ROUTE 210 WEST
JACKSONVILLE, FL 322592011 US

Current Mailing Address:

555 MARTIN LUTHER KING JR BLVD
YOUNGSTOWN, OH 445021102 US

New Mailing Address:

FEI Number: 59-3379230 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARAGE, NANCY G
707 N FRANKLIN ST 4TH FLOOR
TAMPA, FL 33602 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: P-D () Delete
Name: ZOLDAN, BRUCE J
Address: 3615 SUGARBUSH DRIVE
City-St-Zip: CANFIELD, OH 44406

Title: VP-D () Delete
Name: ZOLDAN, ALAN L
Address: 1385 FOX DEN TRAIL
City-St-Zip: CANFIELD, OH 44406

Title: VP-D () Delete
Name: BOSTOCKY, JERRY
Address: 305 RUSSO DRIVE
City-St-Zip: CANFIELD, OH 44406

Title: T () Delete
Name: FRANK, PETER S
Address: 8518 SUMMERLAND TRAIL
City-St-Zip: POLAND, OH 44514

Title: S () Delete
Name: WEIMER, WILLIAM A
Address: 2331 FIFTH AVE.
City-St-Zip: YOUNGSTOWN, OH 44504

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:

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

I hereby certify that the information supplied with this filing does not qualify 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 WEIMER

SECY

02/27/2009

Electronic Signature of Signing Officer or Director

_____ Date