

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90331 028 ***150.00

DOCUMENT # P97000066489

1. Entity Name
ALEX N. SILL COMPANY OF FLORIDA, INC.



Principal Place of Business

**890 NORTHERN WAY STE C-3
WINTER SPRINGS, FL 32708**

Mailing Address

**890 NORTHERN WAY STE C-3
WINTER SPRINGS, FL 32708**

2. Principal Place of Business - No P.O. Box #

890 Northern Way

Suite, Apt. #, etc.

Suite B-1

City & State

Winter Springs FL

Zip

32707

Country

USA

3. Mailing Address

890 Northern Way

Suite, Apt. #, etc.

Suite B-1

City & State

Winter Springs FL

Zip

32707

Country

USA



04032007

Chg-P

CR2E034 (12/06)

4. FEI Number

34-1849909

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TUNNICLIFF, CYNTHIA S
215 SOUTH MONROE STREET
SUITE 200
TALLAHASSEE, FL 32301**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PRES** ☐ Delete
NAME **KUNZ, JACK**
STREET ADDRESS **6000 LOMBARDO CENTER #600**
CITY-STATE-ZIP **CLEVELAND, OH 44131**

TITLE **VP** ☐ Delete
NAME **WOODWARD, JOHN**
STREET ADDRESS **24925 HALL DR**
CITY-STATE-ZIP **WESTLAKE, OH 44145**

TITLE **CEO** ☐ Delete
NAME **SILL, ROBERT L**
STREET ADDRESS **28350 CAMBRIDGE LANE**
CITY-STATE-ZIP **PEPPER PIKE, OH**

TITLE **CFO** ☐ Delete
NAME **DRAGONY, DONALD J**
STREET ADDRESS **24811 MEADOW LANE**
CITY-STATE-ZIP **WESTLAKE, OH 44145**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFO/VP Finance

4-5-07

216-524-9999