

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000067127

1. Entity Name
OHIO V-LAND, INC.



Principal Place of Business
3904 SE OLD ST LUCIE BLVD
STUART, FL 34996

Mailing Address
3904 SE OLD ST LUCIE BLVD
STUART, FL 34996



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0772704

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VINY, JUDY
3904 SE OLD DT. LUCIE BLVD.
STUART, FL 34996

**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

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	PD
NAME	VINY, JUDY
STREET ADDRESS	3904 SE OLD ST. LUCIE BLVD.
CITY-ST-ZIP	STUART, FL 34996
TITLE	SD
NAME	GLASSER, GENE
STREET ADDRESS	C/O ABRAMS ANTON P.A. 2021 TYLER ST
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	TD
NAME	HIRSH, CHARLES
STREET ADDRESS	7990 SW 117TH AVE. STE 203, C/O HIRSH & CO
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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 19.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Judy Viny

4-28-04 305-595-7100