

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 16, 2005 8:00 am**  
**Secretary of State**

08-16-2005 90040 037 \*\*\*150.00

**DOCUMENT # P98000068528**

1. Entity Name  
**BANCSHAREHOLDERS OF AMERICA, INC.**



Principal Place of Business  
**6457 REFLECTIONS DRIVE, STE. 200  
DUBLIN, OH 43017**

Mailing Address  
**6457 REFLECTIONS DRIVE, STE. 200  
DUBLIN, OH 43017**

00001000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08012005

Chg-P

CR2E034 (10/03)

4. FEI Number  
**34-1917191**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete  
NAME **SMITH, BRADLEY T**  
STREET ADDRESS **829 BETHEL RD., #117**  
CITY-ST-ZIP **COLUMBUS, OH 43214**

TITLE **COO/S** ☐ Change ☒ Addition  
NAME **ROWLAND, WILLIAM L.**  
STREET ADDRESS **15518 OLIVE GREEN RD.**  
CITY-ST-ZIP **CENTERBURG, OHIO 43011**

TITLE **S** ☒ Delete  
NAME **BERRY, J. KEVIN**  
STREET ADDRESS **3995 GLENDA PLACE**  
CITY-ST-ZIP **COLUMBUS, OH 43220**

TITLE **D** ☐ Change ☒ Addition  
NAME **POHLMAN, JAMES D.**  
STREET ADDRESS **11330 BLOOMLOCK RD**  
CITY-ST-ZIP **DELPHOS, OHIO 45833**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **SPRINGSTEEN, RONALD**  
STREET ADDRESS **509 WYNDOLYFF DR.**  
CITY-ST-ZIP **EVANSVILLE, IN 47911**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **GROVES, KENNETH**  
STREET ADDRESS **3440 WHEELING RD, NE**  
CITY-ST-ZIP **LANCASTER, OHIO 43130**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/05

Date

614-766-8220

Daytime Phone #