

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P98000082397

1. Entity Name
RESERVE OHIO MANAGEMENT COMPANY



Principal Place of Business

3200 STATE ROAD 546
UNIT 3165
HAINES CITY, FL 33844

Mailing Address

% ACT-I
2017 TIFFIN AVE
FINDLAY, OH 45840

DO NOT WRITE IN THIS SPACE



03222005 No Chg-P CR2E034 (10/03)

4. FEI Number
34-1875370

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

000000293229
04/08/05-80018-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROBINSON, WILLIAM J
STREET ADDRESS	3200 STATE ROAD 546
CITY- ST- ZIP	HAINES CITY, FL 33844
TITLE	S
NAME	ROBINSON, ANGELA
STREET ADDRESS	2319 FOXFIRE LANE
CITY- ST- ZIP	FINDLAY, OH 45840
TITLE	T
NAME	TISKO, RHONDA
STREET ADDRESS	120 CHALLENGER CIRCLE
CITY- ST- ZIP	PATASKALA, OH 43062
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**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 life empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Angela Robinson
Angela Robinson

4-305 419423-0713