

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 A
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**



03012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-1875370	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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

U000000670273
03/27/07-80106-002 150.00

10. OFFICERS AND DIRECTORS

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

Angela Robinson, Sec'y
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-07 419 423-0713
Date Daytime Phone #

Angela Robinson