



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90080 049 ***150.00

| | | | | | |
|---|---|---|--|---|--|
| DOCUMENT # P98000082444 1. Entity Name PHANTOM OF KEY LARGO, INC. | | | |  | |
| Principal Place of Business 10615 OVERSEAS HIGHWAY KEY LARGO, FL 33037 | | | Mailing Address 555 MARTIN LUTHER KING BLVD YOUNGSTOWN, OH 44502 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |  | |
| City & State Zip Country | | City & State Zip Country | | 02122004 Chg-P CR2E034 (10/03) | |
| 4. FEI Number 65-0873182 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FARAGE, NANCY G 707 NORTH FRANKLIN STREET 4TH FLOOR TAMPA, FL 33602 | | | 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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ZOLDAN, BRUCE J <input type="checkbox"/> Delete 4490 DEVONSHIRE DRIVE YOUNGSTOWN, OH 44512 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD BOSTOCKY, JERRY <input type="checkbox"/> Delete 305 RUSSO DR CANFIELD, OH 44406 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S WEIMER, WILLIAM A <input type="checkbox"/> Delete 555 MARTIN LUTHER KING JR BLVD. YOUNGSTOWN, OH 44502 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD ZOLDAN, ALAN L <input type="checkbox"/> Delete 6741 LOCKWOOD BLVD YOUNGSTOWN, OH 44512 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD ZOLDAN, ALAN L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1385 FOX DEN TRAIL CANFIELD, OH 44406-8305 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T FRANK, PETER S <input type="checkbox"/> Delete 8518 SUMMERLAND TRL POLAND, OH 44514 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: <i>Peter Frank</i> PETER FRANK | | | 4-19-04 330-746-1064 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |