

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 14, 2006 8:00 am
Secretary of State

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| DOCUMENT # S95394 1. Entity Name 175-SR64 DEVELOPMENT, INC. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business C/O ROBERT V. KLOPPER 137 IRON AVE, BOX 2237 Box 609 DOVER, OH 44622 US | | | Mailing Address C/O ROBERT V. KLOPPER 137 IRON AVE, BOX 2237 Box 609 DOVER, OH 44622 US | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. 137 IRON AVE. Box 609 | | | 3. Mailing Address Suite, Apt. #, etc. 137 IRON AVE - Box 609 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State City & State | | | 4. FEI Number 34-1692763 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip Country | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent POPE, JOHN F. 717 12TH STREET WEST BRADENTON, FL 34205 | | | 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, 2006 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">DPT KLOPPER, ROBERT V.</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>137 IRON AVENUE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>DOVER, OH</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | | | TITLE | DPT KLOPPER, ROBERT V. | <input type="checkbox"/> Delete | NAME | 137 IRON AVENUE | | STREET ADDRESS | DOVER, OH | | CITY-ST-ZIP | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | |
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| 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: <u>Robert V. Klopfer</u> <u>3/14/06</u> <u>330-364-3353</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |