2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jun 17, 2004 08:00 AM Secretary of State

	ANNUAL REPORT				Secretary of State		
1. Entity Nam	MENT # V67762 SOUTH, INC.						
Principal Plac 8665 BAY CO 2003 NAPLES, FL	OLONY DR	Mailing Address 8665 BAY COLONY DR SUITE 2003 NAPLES, FL 34108 US					-
D	O NOT WRITE	CE	06092004 No Chg-P CR2E034 (10/03)  4. FEI Number Applied Fo 65-0363265 Not Applie  5. Certificate of Status Desired   \$8.75 Additional Fee Required			ble	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324			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 retrinsiting)  DATE							
FILE NOWIII FEE IS \$550.80  Due by September 8, 2004  9. Election Campaign Final Trust Fund Contribution.				.00 May Be ed to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF PD BOURGRAF, ELROY E 8000 PEREGRINE LANE CINCINNATI, OH 45243 VP BOUIGRAF, JOE 70 WEIL WAY WILMINGTON, OH 45177	ECTORS 1			U00098 06/17/04-	162648 80001-013 550.00	
NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP	S GULLETTE, RODNEY 70 WEIL WAY WILMINGTON, OH 45177 T RIORDAN, PAUL 70 WEIL WAY WILMINGTON, OH 45177	DO NOT WRITE IN THIS SPACE					
TRILE NAME STREET ADDRESS CRY-ST-ZIP							

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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

TITLE
NAME
STREET ADDRESS
CRY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRINTED NAME OF SIGNING OR PRINTED NAME OF SIGNING OFFICER OR PRINTE

report 4/6/04 (937)382-145