

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90308 015 ***158.75

DOCUMENT # F02000004407

1. Entity Name
FERGUS FFS, INC.



Principal Place of Business
**200 E. CAMPUS VIEW BLVD., SUITE 200
COLUMBUS, OH 43235**

Mailing Address
**200 E. CAMPUS VIEW BLVD., SUITE 200
COLUMBUS, OH 43235**

54045855



2. Principal Place of Business
8377 GREEN MEADOWS DR. N

3. Mailing Address
8377 GREEN MEADOWS DR. N

Suite, Apt. #, etc.
SUITE A

Suite, Apt. #, etc.
SUITE A

04072004 Chg-P CR2E034 (10/03)

City & State
LEWIS CENTER, OH

City & State
LEWIS CENTER, OH

4. FEI Number
56-2287035

Applied For
☐ Not Applicable

Zip
43035

Country
USA

Zip
43035

Country
USA

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

6. Name and Address of Current Registered Agent

**MENGEL, ALAN
50 BROAD AVENUE SOUTH
NAPLES, FL 34102**

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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPVT FERGUS, JOHN C II 200 E. CAMPUS VIEW BLVD., SUITE 200 COLUMBUS, OH 43235	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JARRETT, CHRISTINA D 200 E. CAMPUS VIEW BLVD., SUITE 200 COLUMBUS, OH 43235	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8377 GREEN MEADOWS DR. N -SUITE A LEWIS CENTER, OH 43035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8377 GREEN MEADOWS DR. N - SUITE A LEWIS CENTER, OH 43035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

Date

(740) 201-0500

Daytime Phone #