


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000002689
 1. Entity Name
 FREMONT ACQUISITION, INC.



Principal Place of Business Mailing Address
 2828 HIGHLAND AVENUE 2828 HIGHLAND AVENUE
 CINCINNATI, OH 45212 CINCINNATI, OH 45212

DO NOT WRITE IN THIS SPACE



03222005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0808492	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

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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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

1000000391108
 04/07/05-80015-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAS OETERS, WILLIAM D 2828 HIGHLAND AVENUE CINCINNATI, OH 45212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCEO FISHER, MELVYN 2828 HIGHLAND AVENUE CINCINNATI, OH 45212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, MELVYN 2828 HIGHLAND AVENUE CINCINNATI, OH 45212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFO PAKROSNIS, JEFFREY A 2828 HIGHLAND AVENUE CINCINNATI, OH 45212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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 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: Jeffrey A. Pakroshnis 3/21/05 (513) 731-6350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #