


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F94000003228  
 1. Entity Name  
 DAMON'S MANAGEMENT, INC.



Principal Place of Business      Mailing Address  
 4645 EXECUTIVE DR.                      4645 EXECUTIVE DR.  
 COLUMBUS, OH 43220-3601              COLUMBUS, OH 43220-3601

**DO NOT WRITE IN THIS SPACE**



01092004    No Chg-P    CR2E034 (10/03)

4. FEI Number: 31-1184796      Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

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 \_\_\_\_\_ (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	STD
NAME	FOUST, SHANNON R
STREET ADDRESS	4645 EXECUTIVE DR.
CITY-ST-ZIP	COLUMBUS, OH 43220
TITLE	D
NAME	MINTZER, JAMES B
STREET ADDRESS	4645 EXECUTIVE DR.
CITY-ST-ZIP	COLUMBUS, OH 43220
TITLE	D
NAME	MORTON, JOHN D
STREET ADDRESS	4645 EXECUTIVE DR.
CITY-ST-ZIP	COLUMBUS, OH 43220
TITLE	D
NAME	KOURIE, DOUGLAS
STREET ADDRESS	4645 EXECUTIVE DR.
CITY-ST-ZIP	COLUMBUS, OH 43220
TITLE	D
NAME	FREEDMAN, HOWARD
STREET ADDRESS	4645 EXECUTIVE DR.
CITY-ST-ZIP	COLUMBUS, OH 43220
TITLE	D
NAME	SELF, JON M
STREET ADDRESS	4645 EXECUTIVE DR.
CITY-ST-ZIP	COLUMBUS, OH 43220

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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)(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: \_\_\_\_\_      1/12/04      614-442-7900  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #