

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90104 022 \*\*\*150.00

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



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

**20002329**



2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country  
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

01102006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent  
 C T CORPORATION SYSTEM  
 1200 S. PINE ISLAND RD.  
 PLANTATION, FL 33324

4. FEI Number: 31-1184796  
 Applied For: Not Applicable

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

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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 <input type="checkbox"/> Delete	NAME: FOUST, SHANNON R STREET ADDRESS: 4645 EXECUTIVE DR. CITY-ST-ZIP: COLUMBUS, OH 43220
TITLE: D <input type="checkbox"/> Delete	NAME: MINTZER, JAMES B STREET ADDRESS: 4645 EXECUTIVE DR. CITY-ST-ZIP: COLUMBUS, OH 43220
TITLE: D <input type="checkbox"/> Delete	NAME: MORTON, JOHN D STREET ADDRESS: 4645 EXECUTIVE DR. CITY-ST-ZIP: COLUMBUS, OH 43220
TITLE: S <input type="checkbox"/> Delete	NAME: LEWIS, STUART G STREET ADDRESS: 4645 EXECUTIVE DR. CITY-ST-ZIP: COLUMBUS, OH 43220
TITLE: D <input type="checkbox"/> Delete	NAME: FREEDMAN, HOWARD STREET ADDRESS: 4645 EXECUTIVE DR. CITY-ST-ZIP: COLUMBUS, OH 43220
TITLE: D <input type="checkbox"/> Delete	NAME: SELF, JON M STREET ADDRESS: 4645 EXECUTIVE DR. CITY-ST-ZIP: COLUMBUS, OH 43220

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Lewis, Stuart G STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____

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: *Stuart G. Lewis* *Stuart G. Lewis* 1/11/06 (614)442-7900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #