


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90091 041 ***150.00

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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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4302007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
 31-1184796 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

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 _____ 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, 2007 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 checked="" type="checkbox"/> Delete
NAME	FOUST, SHANNON R	
STREET ADDRESS	4645 EXECUTIVE DR.	
CITY-ST-ZIP	COLUMBUS, OH 43220	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MINTZER, JAMES B	
STREET ADDRESS	4645 EXECUTIVE DR.	
CITY-ST-ZIP	COLUMBUS, OH 43220	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORTON, JOHN D	
STREET ADDRESS	4645 EXECUTIVE DR.	
CITY-ST-ZIP	COLUMBUS, OH 43220	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LAWS, STUART G	
STREET ADDRESS	4645 EXECUTIVE DR.	
CITY-ST-ZIP	COLUMBUS, OH 43220	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FREEDMAN, HOWARD	
STREET ADDRESS	4645 EXECUTIVE DR.	
CITY-ST-ZIP	COLUMBUS, OH 43220	
TITLE	D	<input checked="" 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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Howard, Carl	
STREET ADDRESS	4645 Executive Dr., Columbus, OH 43220	
CITY-ST-ZIP	4645 Executive Dr., Columbus, OH 43220	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Burk, Bill	
STREET ADDRESS	4645 Executive Dr., Columbus, OH 43220	
CITY-ST-ZIP	4645 Executive Dr., Columbus, OH 43220	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rusnock, Joe	
STREET ADDRESS	4645 Executive Dr., Columbus, OH 43220	
CITY-ST-ZIP	4645 Executive Dr., Columbus, OH 43220	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fox, Larry	
STREET ADDRESS	4645 Executive Dr., Columbus, OH	
CITY-ST-ZIP	4645 Executive Dr., Columbus, OH	
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: President, Damon's Date: 4/30/07 Daytime Phone #: 614-442-7900