## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jan 28, 2004 08:00 AM Secretary of State DOCUMENT # L93439 RANCHROAD CORPORATION, INC. Principal Place of Business Mailing Address 3150 REPUBLIC BLVD., N. #2 3150 REPUBLIC BLVD., N. #2 TOLEDO, OH 43615 TOLEDO, OH 43615 01202004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 34-1656732 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EVANS, RALPH L., ESQUIRE DO NOT WRITE 2920 CARDINAL DRIVE VERO BEACH, FL 32963 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS U00000017030 01/28/04-80077-019 150.00 TITLE NAME ARNOS, RICHARD D. STREET ADDRESS 3150 REPUBLIC BLVD N. #2 CITY-ST-ZIP TOLEDO, OH MLE HENLINE, KATHY NAME STREET ADDRESS 3150 REPUBLIC BLVD N. #2 CRY-ST-7IP TOLEDO, OH TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 eath; 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:

TITLE NAME STREET ADDRESS

Kathy Henlytte, Secretary Signing officer of director

419-841-4831 Daytime Phone #