2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # F01000005386

1. Entity Name

HODELL-NATCO INDUSTRIES, INC.



FILED Jul 27, 2004 8:00 am Secretary of State

07-27-2004 90035 014 ***550.00

Principal Place of Business

7825 HUB PARKWAY VALLEY VIEW, OH 44125

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

CHAGRIN FALLS, OH 44022

4113 ELDORADO SPRINGS BOULDER, CO 80302

OLMSTEAD FALLS, OH 44138

REX. DAVID C

REX, JANE M

8470 LEWIS ROAD

Mailing Address

7825 HUB PARKWAY VALLEY VIEW, OH 44125

54064937



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6. Name and Address of Current Registered Agent

07132004 No Chg-P

CR2E034 (10/03)

4. FEI Number 34-1451551

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

DO NOT WRITE

	ION, FL 33324				THIS SPA		
8. The above the obligat	named entity submits this statement for the tions of registered agent.	he purpose of changing its regi	stered office or re	egistered agent, or bo	th, in the State of Florida.	1 am familiar with, and	d accept
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Reg	istered Agent signature	required when reinstating)		DATE	
	LE NOW!!! FEE IS \$550.00 ue by September 8, 2004	9. Election Campaign F Trust Fund Contribut		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD REIDL, OTTO 7825 HUB PARKWAY VALLEY VIEW, OH 44125						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD REX, WILLIAM H 7825 HUB PARKWAY VALLEY VIEW, OH 44125						
TITLE NAME STREET ADDRESS	D REX, ANNE P 18821 GEAUGA LAKE ROAD						

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Percentanting of the Committee of the Co

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

CITY-ST-ZIP

CITY-ST-ZIP TITLE NAME

STREET ADDRESS

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #