2006 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # F01000005386 1. Entity Name



FILED Apr 03, 2006 8:00 am Secretary of State 04-03-2006 90375 021 ***150.00

NAME REIDL, OTTO NAME STREET ADDRESS CITY-ST-ZIP VALLEY VIEW, OH 44125 TITLE VASD Delete TITLE Change	HODELL-	NATCO INDUSTRIES, INC				
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 01262006 Chg-P CR2E034 (11/05)	7825 HUB PARKWAY		7825 HUB PARKWAY			
City & State A. FEI Number 34-1451551	2. Principal Place of Business		3. Mailing Address			
Zip Country Zip Country Sip S. Certificate of Status Desired \$8.75 Additions Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. Name CROWL DAVID W Street Address (P.O. Box Mumber is Not Acceptable) City LONGWOOD FL 32771-6672 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 the obligations of registered agent. SIGNATURE Signature, lyced or printed name of registered agent and title if applicable (NOTE Repastred Agent sgnature required when remsaling) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN- 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN- 12. SIREEL ADDRESS CITY-ST-2IP VALLEY VIEW, OH 44125 13. 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 the obligations of registered agent and title if applicable (NOTE Repastred Agent sgnature required when remsaling) POR TITLE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN- 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN- 12. STIPLE ADDRESS CITY-ST-2IP VALLEY VIEW, OH 44125 13. 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 the obligations of registered agent. 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN- 15. Certificate of Status Desired Agent 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN- 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN- 18. The above named entity submits this statement for the purpose of changing it	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01262006 Chg-P CR2E034 (11/05)	
Signature Signature Special control Signature	City & State		City & State			
CROWL, DAVID W 506 CENTRAL PARK DRIVE SANFORD, FL 32771-6672 Street Address (P.O. Box Mumber is Not Acceptable) City LONGWOW FL 32750-3 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 the obligations of registered agent. SIGNATURE Signature, Noed or printed name of registered agent and site if applicable. (NOTE Repastered Agent signature required when remaising) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN INTER ADDRESS CITY-SI-ZIP VALLEY VIEW, OH 44125 CITY-SI-ZIP TITLE VASD Delete ITILE CROWL DAY D Street Address (P.O. Box Mumber is Not Acceptable) Street Address (P.O. Box Mumber is Not Acceptable) LOW J. COLOR D. COLOR D	Zip	Country	Zip	Country ,	5 Certificate of Status Desired \$8.75 Additional	lé
CROWL, DAVID W 506 CENTRAL PARK DRIVE SANFORD, FL 32771-6672 Street Address (P.O. Box Number is Not Acceptable) City Longwood City Longwood City Longwood Street Address (P.O. Box Number is Not Acceptable) City Longwood Turet approach 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 the obligations of registered agent. SIGNATURE Signature, hyped or printed name of registered agent and tate if applicable (NOTE Registered Agent signature required when remistating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 P. Election Campaign Financing Trust Fund Contribution. Trust Fund Contribution. Delete ITILE NAME REIDL, OTTO STREET ADDRESS CITY-ST-ZIP VALLEY VIEW, OH 44125 Delete TITLE VASD Delete TITLE VASD Delete Change Change		6. Name and Address of Current	Registored Agent		7. Name and Address of New Registered Agent	
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 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) PATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAME REIDL, OTTO NAME REIDL, OTTO SIREET ADDRESS 7825 HUB PARKWAY SIREET ADDRESS CITY-ST-ZIP VALLEY VIEW, OH 44125 Detele TITLE VASD Detele TITLE Change	506 CENTRAL PARK DRIVE			Street Address	ss (P.O. Box Mumber is Not Acceptable)	
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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. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN INTUE NAME REIDL, OTTO NAME STREET ADDRESS CITY-ST-ZIP VALLEY VIEW, OH 44125 TITLE VASD Delete TITLE VASD Delete TITLE Change Change			r the purpose of changing its re			accept
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STREET ADDRESS CITY-ST-ZIP VALLEY VIEW, OH 44125 CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS	VASD REX, WILLIAM H 7825 HUB PARKWAY	☐ Detete	NAME STREET ADDRESS	☐ Change ☐	Addition
TITLE D Delete TITLE Change Ch	NAME STREET ADDRESS	REX, ANNE P 18821 GEAUGA LAKE ROAD	☐ Delete	STREET ADDRESS	☐ Change ☐	Addition
TITLE D Delete TITLE Change Change STREET ADDRESS CITY-ST-ZIP BOULDER, CO 80302 CITY-ST-ZIP	NAME STREET ADDRESS	REX, DAVID C 4113 ELDORADO SPRINGS	☐ Delete	NAME STREET ADDRESS	☐ Change ☐	Addition
TITLE D Delete TITLE NAME REX, JANE M NAME STREET ADDRESS CITY-SI-ZIP OLMSTEAD FALLS, OH 44138 CITY-SI-ZIP	NAME STREET ADDRESS	REX, JANE M 8470 LEWIS ROAD	☐ Delete	NAME STREET ADDRESS	☐ Change ☐	Addition
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that I am an officer or displayed the same legal effect as if made under oath; that I am an officer or displayed the same legal effect as if made under oath; that I am an officer or displayed the same legal effect as if made under oath; that I am an officer or displayed the same legal effect as if made under oath; that I am an officer or displayed the same legal effect as if made under oath; that I am an officer or displayed the same legal effect as if made under oath; that I am an officer or displayed the same legal effect as if made under oath; that I am an officer or displayed the same legal effect as if made under oath; that I am an officer or displayed the same legal effect as if made under oath; that I am an officer or displayed the same legal effect as if made under oath; that I am an officer or displayed the same legal effect as if made under oath; that I am an officer or displayed the same legal effect as if made under oath; that I am an officer or displayed the same legal effect as if made under oath; that I am an officer or displayed the same legal effect as if made under oath; that I am an officer or displayed the same legal effect as if made under oath; that I am an oath officer or displayed the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; th	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP		Addition

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or diffector 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:

216-447-0165 Daytime Phone #