

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000000636

1. Entity Name
Q-PANEL LAB PRODUCTS CORPORATION



Principal Place of Business
**800 CANTERBURY RD
WESTLAKE, OH 44145**

Mailing Address
**800 CANTERBURY RD
WESTLAKE, OH 44145**



02052004 No Chg-P CR2E034 (10/03)

4. FEI Number
34-0947925

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CREWDSON, MICHAEL J
1005 SW 18TH AVE
HOMESTEAD, FL 33034**

**DO NOT WRITE
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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
GROSSMAN, DOUGLAS M
4355 VALLEY FORGE DR.
FAIRVIEW PARK, OH 44126**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
BRENNAN, PATRICK J
3438 SOUTHERN RD
RICHFIELD, OH 44286**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
SIMECEK, GARY
401 AVON POINT AVE
AVON LAKE, OH 44012**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000044080
02/11/04-80006-013 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUGLAS M. GROSSMAN 2/10/03

Date

Daytime Phone #

440-835-8200