

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000000636 1. Entity Name Q-PANEL LAB PRODUCTS CORPORATION	
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02112005 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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	
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**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)(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 an address, with all other like empowered.

SIGNATURE: Douglas M. Grossman DOUGLAS M. GROSSMAN 2/11/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

440-835-8700