


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # F98000006503

1. Entity Name
GOLD MEDAL PRODUCTS CO.



Principal Place of Business
**10700 MEDALLION DRIVE
CINCINNATI, OH 45241**

Mailing Address
**10700 MEDALLION DRIVE
CINCINNATI, OH 45241**

DO NOT WRITE IN THIS SPACE



02072008 No Chg-P CR2E034 (11/05)

4. FEI Number
31-0515654

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000929972
02/28/08-80065-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	CTD
NAME	EVANS, J C SR
STREET ADDRESS	10700 MEDALLION DRIVE
CITY-ST-ZIP	CINCINNATI, OH 45241
TITLE	PD
NAME	KROEGER, DANIEL R
STREET ADDRESS	10700 MEDALLION DRIVE
CITY-ST-ZIP	CINCINNATI, OH 45241
TITLE	VD
NAME	GEBHART, CHRISTOPHER W
STREET ADDRESS	10700 MEDALLION DRIVE
CITY-ST-ZIP	CINCINNATI, OH 45241
TITLE	VD
NAME	BURNS, ROBERT C
STREET ADDRESS	10700 MEDALLION DRIVE
CITY-ST-ZIP	CINCINNATI, OH 45241
TITLE	VSD
NAME	EVANS-LLOYD, SALLY
STREET ADDRESS	10700 MEDALLION DRIVE
CITY-ST-ZIP	CINCINNATI, OH 45241
TITLE	VD
NAME	EVANS, JOHN C JR
STREET ADDRESS	10700 MEDALLION DRIVE
CITY-ST-ZIP	CINCINNATI, OH 45241

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: C.W. Gebhart **C.W. Gebhart VP** 2/7/08 **(513) 769-7676**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #