


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P07137  
1. Entity Name  
LANTZ, JONES AND NEBRASKA, INC.



Principal Place of Business  
1166 DUBLIN RD. SUITE 200  
COLUMBUS, OH 43215-1038

Mailing Address  
1166 DUBLIN RD. SUITE 200  
COLUMBUS, OH 43215-1038

**DO NOT WRITE IN THIS SPACE**



03162004 No Chg-P CR2E034 (10/03)

4. FEI Number  
31-0814185

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
HARVIN, WESLEY R.  
3727 S.E. OCEAN BLVD.  
SUITE 101  
STUART, FL 33494

**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, 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	T
NAME	GIBBS, JOAN L
STREET ADDRESS	1532 RASPBERRY RUN DR
CITY-ST-ZIP	COLUMBUS, OH
TITLE	VDS
NAME	METZ, STEPHEN J
STREET ADDRESS	2025 QUEENS MEADOW LANE
CITY-ST-ZIP	GROVE CITY, OH 43123
TITLE	CD
NAME	LANTZ, PAUL WILLIAM
STREET ADDRESS	615 E. TOWN STREET
CITY-ST-ZIP	COLUMBUS, OH
TITLE	PD
NAME	SHELLEY, WILLIAM R.
STREET ADDRESS	3661 KENNYBROOK LANE
CITY-ST-ZIP	COLUMBUS, OH
TITLE	VD
NAME	BAUMANN, ROBERT
STREET ADDRESS	4112 RED COAT LANE
CITY-ST-ZIP	COLUMBUS, OH
TITLE	VD
NAME	HAWK, SCOTT L.
STREET ADDRESS	3775 WAVERLY PLACE DR
CITY-ST-ZIP	LEWIS CENTER, OH

U00000034322  
03/22/04-80055-004 150.00

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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: Joan L. Gibbs Joan L. Gibbs, Treas. 3/16/04 614-481-9800

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