


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P22160 1. Entity Name GEM INDUSTRIAL INC.	
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Principal Place of Business 6842 COMMODORE DRIVE WALBRIDGE, OH 43465	Mailing Address 6842 COMMODORE DRIVE WALBRIDGE, OH 43465
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DO NOT WRITE IN THIS SPACE



06302004 No Chg-P CR2E034 (10/03)

4. FEI Number 31-1036493	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required
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6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEMS
1200 S. 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 _____
Signature, typed or printed name of registered agent and title if applicable.

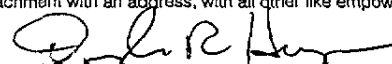
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHOUSER, HUSSIE 6842 COMMODORE DRIVE WALBRIDGE, OH 43465
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUDOLPH, WILLIAM D 6846 LATCHA RD WALBRIDGE, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HEYMAN, DOUGLAS 4539 CLOVER LANE TOLEDO, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUDOLPH, FREDRICK W. 6486 LATCHA RD WALBRIDGE, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIBBE, ALLAN 324 EAST WAYNE ST. MAUMEE, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000163188
07/06/04-80003-012 150.00

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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:  **DOUGLAS R. HEYMAN** 6/30/04 419-666-6554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #