

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90070 048 \*\*\*150.00

**DOCUMENT # 840852**

1. Entity Name  
**THE FAIRFIELD ENGINEERING COMPANY**



Principal Place of Business  
**240 BOONE AVE  
MARION, OH 43302 US**

Mailing Address  
**P O BOX 526  
MARION, OH 43302 US**



03182004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**31-4176470**

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**

**HOHE, NAOMI  
434 BEVERLY AVE.  
PORT CHARLOTTE, FL 33952**

**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	CD
NAME	WALKER, J H
STREET ADDRESS	1155 CHAMPAGNE DR
CITY-ST-ZIP	MARION, OH 00000,
TITLE	PDT
NAME	WALKER, J.L.
STREET ADDRESS	1922 CHAPEL HTS.RD.
CITY-ST-ZIP	MARION, OH
TITLE	S
NAME	HOUSE, J. E.
STREET ADDRESS	232 SPENCER ST
CITY-ST-ZIP	MARION, OH 43302
TITLE	D
NAME	GRAHAM, TED
STREET ADDRESS	538 VERNON HEIGHTS BLVD
CITY-ST-ZIP	MARION, OH 43302
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/17/04