


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000005714
 1. Entity Name
 HOMEWORKS OF OHIO, INC.



Principal Place of Business
 7700 NORTHFIELD ROAD
 WALTON HILLS, OH 44146

Mailing Address
 7700 NORTHFIELD ROAD
 WALTON HILLS, OH 44146

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
 34-1185757

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 re-registering)
Signature, typed or printed name of registered agent and title if applicable 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

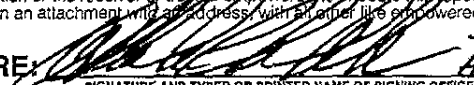
10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	REED, JOHN P
STREET ADDRESS	7700 NORTHFIELD ROAD
CITY - ST - ZIP	WALTON HILLS, OH 44146
TITLE	VT
NAME	HELFENSTINE, SAMUEL
STREET ADDRESS	7700 NORTHFIELD ROAD
CITY - ST - ZIP	WALTON HILLS, OH 44146
TITLE	S
NAME	REED, LISA
STREET ADDRESS	7700 NORTHFIELD ROAD
CITY - ST - ZIP	WALTON HILLS, OH 44146
TITLE	S
NAME	CHURCHMACK, ALLAN G
STREET ADDRESS	7700 NORTHFIELD RD.
CITY - ST - ZIP	WALTON HILLS, OH 44146
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 01/13/04-80071-006 150.00

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 an other life empowered.

SIGNATURE:  SECRETARY/GENERAL COUNSEL
 ALLAN CHURCHMACK 1/9/04 440-439-1770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #