


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F03000006140</b> 1. Entity Name GOLD MEDAL-JACKSONVILLE, INC.	
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Principal Place of Business 10700 MEDALLION DRIVE CINCINNATI, OH 45241	Mailing Address 10700 MEDALLION DRIVE CINCINNATI, OH 45241
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**DO NOT WRITE IN THIS SPACE**

06292005 No Chg-P CR2E034 (10/03)

4. FEI Number 52-2416374	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD KROEGER, DANIEL R 7058 TAYLOR ROAD CINCINNATI, OH 45248
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EVANS, JOHN C 6988 LINDLEY WAY HAMILTON, OH 45011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LLOYD, SALLY 7604 VOLKERDING ROAD MORROW, OH 45152
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EVANS, DAVID 4402 LOGSDON'S WOODS DRIVE HAMILTON, OH 45011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BURNS, ROBERT C 5580 SEVILLE COURT CINCINNATI, OH 45247
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, JOHN C JR. 6988 LINDLEY WAY HAMILTON, OH 45011

000000370554  
07/05/05-80018-022 550.00

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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: CW/Deblato VPFIN/CFO 6/28/05 (513) 769-7676  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #