

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002165

FILED  
Jan 31, 2004  
Secretary of State

Entity Name: GRELL ENTERPRISES, INC.

**Current Principal Place of Business:**

3249 NEWGATE CT  
ROSEDALE, MS 38769

**New Principal Place of Business:**

3249 NEWGATE CT  
DUBLIN, OH 43017

**Current Mailing Address:**

3249 NEWGATE CT  
ROSEDALE, MS 38769

**New Mailing Address:**

3249 NEWGATE CT  
DUBLIN, OH 43017

FEI Number: 31-1460033

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SHIPP, JANICE  
1117 MASSACHUSETTS AVE.  
ST. CLOUD, FL 34769 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VVC ( ) Delete  
Name: GREEN, ROBERT P  
Address: 5505 HAZELWOOD RD.  
City-St-Zip: COLUMBUS, OH 43229

Title: TD ( ) Delete  
Name: GREEN, EVELYN L  
Address: 5505 HAZELWOOD RD.  
City-St-Zip: COLUMBUS, OH 43229

Title: PC ( ) Delete  
Name: ELLINGSWORTH, PAUL C  
Address: 3249 NEWGATE CT  
City-St-Zip: DUBLIN, OH 43017

Title: SD ( ) Delete  
Name: ELLINGSWORTH, VIRGINIA J  
Address: 3240 NEWGATE CT  
City-St-Zip: DUBLIN, OH 43017

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL C. ELLINGSWORTH

PRES

01/31/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date