2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # P35936

1. Entity Name

GEORGE R. HALL, INC.

Mar 15, 2004 08:00 AM Secretary of State

Principal Place of Business

33530 PIN OAK PARKWAY AVON LAKE, OH 44012 US Mailing Address

33530 PIN OAK PARKWAY AVON LAKE, OH 44012 US



FILED

02192004

No Cha-P

CR2E034 (10/03)

4. FEI Number 34-1377362

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Control of the Contro 6. Name and Address of Current Registered Agent

A STATE OF THE STA

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 Fiorida. I am familiar with, and active obligations of registered agent. SIGNATURE Signature. Typed or primed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when retreating) DATE FILE NOWILI FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Prust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS INSTE PD NAME HALL, GRAHAM STREET ABDRESS 33530 PIN OAK PARKWAY CITY-ST-JIP AVON PARK OH	
### FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be 03/15/04-80032-021 150.00 10.	cept
TITLE PD NAME HALL, GRAHAM STREET ADDRESS 33530 PIN OAK PARKWAY	-
CITY-51-ZIP AVON PARK, OH	And
TITLE S NAME BUSHMAN, DENNIS E. STREET ADDRESS 33530 PIN OAK PARKWAY CITY-ST-ZIP AVON LAKE, OH	
TITLE VP NAME MOORE, H. WILLIAM STREIT ADDRESS CITY-ST-ZIP AVON LAKE, OH TITLE VP MOORE, H. WILLIAM DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET AUDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certification of the section 119.07(3)(iii) for the exemption stated in Section 119.07(3)(iii).	

muscated 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 anyother like empowered.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENNIS E. BUSHMAN

440-933-4100

Daytime Phone #