

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000019409
 1. Entity Name
 G-R (FLORIDA) INC.



Principal Place of Business
 1199 EDISON DRIVE
 CINCINNATI, OH 45216

Mailing Address
 1199 EDISON DRIVE
 CINCINNATI, OH 45216

DO NOT WRITE IN THIS SPACE



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number
 31-1525699

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 RD.
 PLANTATION, FL 33324

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P/T
NAME	IMESCH, ALBERT
STREET ADDRESS	1199 EDISON DRIVE
CITY-ST-ZIP	CINCINNATI, OH 45216
TITLE	S
NAME	KING, FREDERICK G
STREET ADDRESS	1199 EDISON DRIVE
CITY-ST-ZIP	CINCINNATI, OH 45216
TITLE	AT
NAME	LARSEN, DANIEL R
STREET ADDRESS	1199 EDISON DRIVE
CITY-ST-ZIP	CINCINNATI, OH 45216
TITLE	AS
NAME	LUTH, MARY A
STREET ADDRESS	1199 EDISON DRIVE
CITY-ST-ZIP	CINCINNATI, OH 45216
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  Daniel R. Larsen, Assistant Treasurer, 513-948-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR