

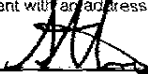


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000002627			
1. Entity Name OTTO-MEYER, INC.			
Principal Place of Business 2449 E. MAIN ST GREENWOOD, IN 46143		Mailing Address 2449 E. MAIN ST GREENWOOD, IN 46143	
DO NOT WRITE IN THIS SPACE			
		03122004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 35-1533500	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
BROOKS, JERRY 105 MURCOTT DRIVE WINTER HAVEN, FL 33884		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 reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		03/30/04-80005-012 158.75	
TITLE	P	DO NOT WRITE IN THIS SPACE	
NAME	OTTO, KENNETH A		
STREET ADDRESS	2449 E. MAIN ST		
CITY-ST-ZIP	GREENWOOD, IN 46143		
TITLE	V		
NAME	OTTO, MYRA L		
STREET ADDRESS	2449 E. MAIN ST		
CITY-ST-ZIP	GREENWOOD, IN 46143		
TITLE	GM		
NAME	SAWA, STEVE		
STREET ADDRESS	2449 E MAIN STREET		
CITY-ST-ZIP	GREENWOOD, IN 46143		
TITLE	DOO		
NAME	OTTO, MATT		
STREET ADDRESS	2449 E. MAIN ST		
CITY-ST-ZIP	GREENWOOD, IN 46143		
TITLE	SF		
NAME	DONICA, TIM		
STREET ADDRESS	2449 E. MAIN ST		
CITY-ST-ZIP	GREENWOOD, IN 46143		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: 		3/26/04 317-882-8933	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	