2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State
02-20-2004 90006 023 ***150.00

DOCUMENT # H28734

1. Entity Name
ASTRO TRANSMISSION PARTS, INC.

Principal Place of Business	Mailing Address
601 E. ALFRED (OLD HWY. 441) TAVARES, FL 32778	601 E. ALFRED (OLD HWY. 441) TAVARES, FL 32778

02132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2478256
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SARVIS, GLENN A.
601 E. ALFRED (OLD HWY. 441)
TAVARES, FL 32778

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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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	SARVIS, A. MUNROE
STREET ADDRESS	601 E. ALFRED ST.
CITY-ST-ZIP	TAVARES, FL
TITLE	PD
NAME	SARVIS, GLENN A.
STREET ADDRESS	601 E. ALFRED ST.
CITY-ST-ZIP	TAVARES, FL
TITLE	SD
NAME	SARVIS, DOTAILEEN
STREET ADDRESS	601 E. ALFRED ST.
CITY-ST-ZIP	TAVARES, FL
TITLE	T
NAME	SARVIS, ANTHONY
STREET ADDRESS	601 E ALFRED STREET
CITY-ST-ZIP	TAVARES, FL
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: Glenn A. Sarvis GLENN A. SARVIS 2/18/04 (352)343-0956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #