


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000001536 1. Entity Name TOLEDO TRANS-KIT, INC.		
Principal Place of Business 6155 BRENT DRIVE TOLEDO OH 43611		Mailing Address 13515 BALLANTYNE CORPORATE PLACE CHARLOTTE NC 28277
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State
Zip	Country	Zip



MOORE CR2E034 (11/03)

4. FEI Number 34-1779220		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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.		FL Zip Code
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reconstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P BLASHILL, TOM	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	13515 BALLANTYNE CORPORATE PLACE	STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28277	CITY-ST-ZIP	
CITY-ST-ZIP	CHARLOTTE NC 28277	CITY-ST-ZIP	
TITLE	TD WINOWIECKI, RON	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	13515 BALLANTYNE CORPORATE PLACE	STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28277	CITY-ST-ZIP	
CITY-ST-ZIP	CHARLOTTE NC 28277	CITY-ST-ZIP	
TITLE	SD KEARNEY, CHRISTOPHER J	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	13515 BALLANTYNE CPRPORATE PLACE	STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28277	CITY-ST-ZIP	
CITY-ST-ZIP	CHARLOTTE NC 28277	CITY-ST-ZIP	
TITLE	D O'LEARY, PATRICK J	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	13515 BALLANTYNE CORPORATE PLACE	STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28277	CITY-ST-ZIP	
CITY-ST-ZIP	CHARLOTTE NC 28277	CITY-ST-ZIP	
TITLE	AT GIZA, RONALD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	13515 BALLANTYNE CORPORATE PLACE	STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28277	CITY-ST-ZIP	
CITY-ST-ZIP	CHARLOTTE NC 28277	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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03/08/04-80062-006 150.00

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: Ronald Giza **RONALD GIZA** 1-30-04 231-724-5774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #