


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90105 021 ***150.00

DOCUMENT # F0100001536
 1. Entity Name
TOLEDO TRANS-KIT, INC.



Principal Place of Business Mailing Address
6155 BRENT DRIVE TOLEDO OH 43611 **13515 BALLANTYNE CORPORATE PLACE CHARLOTTE NC 28277**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **34-1779220** Applied For Not Applicable

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



1st MOORE CR2E034 (10/04)

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 **FL** Zip Code

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) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BLASHILL, TOM	
STREET ADDRESS	13515 BALLANTYNE CORPORATE PLACE	
CITY-ST-ZIP	CHARLOTTE NC 28277	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WINOWIECKI, RON	
STREET ADDRESS	13515 BALLANTYNE CORPORATE PLACE	
CITY-ST-ZIP	CHARLOTTE NC 28277	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KEARNEY, CHRISTOPHER J	
STREET ADDRESS	13515 BALLANTYNE CORPORATE PLACE	
CITY-ST-ZIP	CHARLOTTE NC 28277	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'LEARY, PATRICK J	
STREET ADDRESS	13515 BALLANTYNE CORPORATE PLACE	
CITY-ST-ZIP	CHARLOTTE NC 28277	
TITLE	AT	<input type="checkbox"/> Delete
NAME	GIZA, RONALD	
STREET ADDRESS	13515 BALLANTYNE CORPORATE PLACE	
CITY-ST-ZIP	CHARLOTTE NC 28277	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Ronald Giza **Ronald Giza** 2/11/05 231-737-5017
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #