

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F93000000484

1. Entity Name
VOLVO PENTA OF THE AMERICAS, INC.



Principal Place of Business
**1300 VOLVO PENTA DR.
CHESAPEAKE, VA 23320**

Mailing Address
**1300 VOLVO PENTA DR.
CHESAPEAKE, VA 23320**

DO NOT WRITE IN THIS SPACE



05182004 No Chg-P CR2E034 (10/03)

4. FEI Number
13-3582115

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
SUITE 105
TALLAHASSEE, FL 32301**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	JUFORS, STAFFAN
STREET ADDRESS	5405 08
CITY-ST- ZIP	GOTHENBURG, SW
TITLE	SVCF
NAME	FERNBRING, TOMAS
STREET ADDRESS	1300 VOLVO PENTA DR
CITY-ST- ZIP	CHESAPEAKE, VA 23320
TITLE	P
NAME	MOORE, CLINT
STREET ADDRESS	1300 VOLVO PENTA DR
CITY-ST- ZIP	CHESAPEAKE, VA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

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05/26/04-80002-004 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFO

Date

Daytime Phone #

5/19/04 (757) 436-5191