

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J42786

FILED  
Mar 16, 2004  
Secretary of State

Entity Name: OTTAWA TRUCK OF FLORIDA, INC.

## Current Principal Place of Business:

% PATRICK C. BARTHET  
7227 NW 74TH AVENUE  
MIAMI, FL 33166

## New Principal Place of Business:

7227 NW 74 AVENUE  
MIAMI, FL 33166

## Current Mailing Address:

% PATRICK C. BARTHET  
7227 NW 74TH AVENUE  
MIAMI, FL 33166

## New Mailing Address:

7227 NW 74 AVENUE  
MIAMI, FL 33166

FEI Number: 59-2738262

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARTHET, PATRICK C.  
200 S. BISCAYNE BLVD  
SUITE 1800  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

STRICKROOT, JOHN C ESQ  
100 SE 2ND ST.  
18TH FLOOR  
MIAMI, FL 33131 US

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.

SIGNATURE: MR. JOHN C. STRICKROOT

03/16/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: RECHTIEN, R.C.,  
Address: 7227 NW 74TH AVE.  
City-St-Zip: MIAMI, FL 33166

Title: VP ( ) Delete  
Name: RECHTIEN, MARK  
Address: 7227 N.W. 74TH AVE.  
City-St-Zip: MIAMI, FL 33166

Title: PD ( ) Delete  
Name: RECHTIEN, R.C.  
Address: 7227 N.W. 74TH AVE.  
City-St-Zip: MIAMI, FL 33166

Title: S ( ) Delete  
Name: RECHTIEN, R.B.,  
Address: 7227 N.W. 74TH AVE.  
City-St-Zip: MIAMI, FL 33166

Title: T ( ) Delete  
Name: BRADY, JODY  
Address: 7227 NW 74 AVE.  
City-St-Zip: MIAMI, FL 33166

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JODI BRADY

MRS

03/16/2004

Electronic Signature of Signing Officer or Director

Date