2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P3061.7							FILED					
1. Entity Name								04 OCT 26 PM 1: 36				
CEQUENT TOWING PRODUCTS, INC.								_				
<u> </u>					100 11	III		SECRET	ARY_OF_	STATE		
Principal Place of Business Mailing Address								TALLAHA	SSEE, F	LORIDA	7 .	
47603 HALYARD DRIVE												
		••	, , , , , , , , , , , , , , , , , , , ,	• ••			1 (88)(88) (88 (8))	MAINE PHAN NEW TOO	i besii sisii Sisi	BENIT BINIT BIG		
Principal Place of Business 3. Mailing Address											. 	
		word Ave	39400 W Ocale	vard	Ave				. 6/611 51511 51511			
Suite, Apt. #, etc. Suite 130			Suite, Apt. #, etc. Suite / 30			Ç	09092004	Chg-P	CR2E03	4 (10/03))W.`	
City & State			City & State			- 11	4. FEI Number	<u> </u>	<u> </u>	AF	plied For	
Bloomfield Itills, mi			Bloomfield HIIS MI				38-29354	46			ot Applicable	
Zip 48304		Country USA	48304	1	Country USA		5. Certificate of S	Status Desired		8.75 Add ee Require		
		and Address of Current					7. Name and Ad	dress of New F	legistered A	gent		
CT CORPORATION SYSTEM						Name						
1200 S. PII					Street Address (P.O. Box Number is Not Acceptable)							
PLANTATI	ON, FL 3	3324										
ı				City				FL	Zip Cod			
A 77 1			4-1		<u> </u>			- 11 - 01-44.51		<u> </u>		
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.	Signature, type:	or printed name of registered agent	t and little if applicable. (No	OTE: Register	ed Agent signat	ure required	when reinstating)		DATE			
	ENOWI	I FEE IS \$550.00	9. Election Camp	aion Fina	ກໍຂັນກໍາ	- 05	00 May Be		- 2	-		
		tember 8, 2004	Trust Fund Co	-			ed to Fees				j	
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS/CH	ANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
TITLE	DP		52 Delete	TITL	LE	D		·		Change	Addition (
					me Reet address	SPAN	t H. BEARD so woodwa	d Sute 13	3 0		.	
CITY-ST-ZIP BLOOMFIELD HILLS, MI 48304				CIT			mhield this				-	
TITLE .	DVPF		TE 130		LE	D/V	P			☐ Change	Addition	
NAME STREET ADDRESS		, TODD R WOODWARD AVE, ST			me Reet address							
CITY-ST-ZIP		TELD HILLS, MI 48304			Y-ST-ZIP	1 = 4						
TITLE	VP		□ Delete	TIT	LE	P				☐ Change	Addition	
NAME	LOWE, WILLIAM M			NA!	-	Scott D. Hazlett						
STREET ADDRESS CITY-ST-ZIP	,	ALYARD DRIVE TH, MI 48170			reet address Y-ST-ZIP						{	
TITLE	Т	<u></u>	☑ Delete	TIT	u.	VPM	-		-	☐ Change	X Addition	
NAME		KAREN	•	NA		Rob	ert J. Zalup woodwa	sking a su	10 12n			
STREET ADDRESS CITY-ST-ZIP)	ALYARD DRIVE TH, MI 48170	,		reet address Y-ST-ZIP		mfield Hil					
TITLE	s		Delete	TIT		D/S	miliete tati	<u> </u>	<u> </u>	☐ Change	Addition	
NAME	POLLOC	K, R JEFFREY		NA	ME	with	am A. Full	mer		_ •	chi vi	
STREET ADDRESS CITY-ST-ZIP	1	ALYARD DRIVE ITH, MI 48170			reet address Py-ST-ZIP	394	po wood wa	IN AUCID	U.H. 130	>	Mimil	
TITLE			Delete	TIT		D IQC	mbeld th	<u>// </u>	8307	☐ Change	Addition	
NAME		•		NA			T. 1-1	ona?	187	365	_	
STREET ADDRESS CITY-ST-ZIP	,				reet address Ty- <i>st-zi</i> p		107267	004 2	3027	** 5 5	0.00	
L	certify that the	ne information supplied wit	th this filing does not audity	_		ted in Se					information	
indicated of the cor	on this report poration or	ort or supplemental report the receiver or trustee emp	is true and accurate and the cowered to execute this rep	t my sign	ature shall i uired by Ch	nave the apter 60	same legal effect a 7, Florida Statutes:	s if made under and that my nan	oath; that I a	m an office Block 10 c	r or director or Block 11 if	
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 the 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: William / Julh 9-20-04												
L	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR WILLIAM A FULL ME Date Daytime Phone #											



October 19, 2004

State of Florida Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

RE: Cequent Towing Products, Inc.

Enclosed is the 2004 For Profit Corporation Annual Report for Cequent Towing Products, Inc. and the cheque for filing fees in the amount of \$550.00. Per the *****Important Notice**** that accompanied the Annual Report, we are eligible for the waiver of the \$400 late fee because we did not receive the form until September 20, 2004.

If you require any additional information please do not hesitate to contact me at 248-631-5506 or ellenbrisson@trimascorp.com,

Thank you for your assistance,

Ellen Brisson

Corporate Paralegal

Enclosures