


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000007608					
1. Entity Name DRIVELINE & POWERTRAIN, INC.					
Principal Place of Business 3064 CRANFORD AVE. FORT MYERS FL 33916			Mailing Address 3064 CRANFORD AVE. FORT MYERS FL 33916		
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 65-0553712	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JONES, RONNIE M 3064 CRANFORD AVE. FORT MYERS FL				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)	
8. The above named entity sub the obligations of registered SIGNATURE <i>Ronnie</i> Signature, typed or printed				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. FILE NOW!!! F After May 1, 2005 F Make Check Payable to Fk				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JONES, RONNIE M 3064 CRANFORD AVE. FORT MYERS FL 33916 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	U000000202830 <input type="checkbox"/> Change <input type="checkbox"/> Addition 01/29/05-80007-007 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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1st MOORE CR2E034 (10/04)

Signed by mistake

FL Zip Code

registered agent, or both, in the State of Florida. I am familiar with, and accept

(Signature required when reinstating)

DATE

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

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: *Ronnie M. Jones* **RONNIE M. JONES** 1/18/05 239 334-0759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #