

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



1st MOORE CR2E034 (10/04)

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	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JONES, RONNIE M 3064 CRANFORD AVE. FORT MYERS FL		Name Street Address (P.O. Box Number is Not Acceptable)	

Signed by mistake

8. The above named entity sub the obligations of registered	registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE <i>Ronnie</i> <small>Signature, typed or print</small>	<i>Jan 18 05</i> <small>Date required when reinstating</small> <small>LATE</small>

FILE NOW!!! F
After May 1, 2005 F
Make Check Payable to Fk

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
D	JONES, RONNIE M	3064 CRANFORD AVE.	FORT MYERS FL 33916	<input type="checkbox"/>
				<input type="checkbox"/>

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
U00000202830	<input type="checkbox"/> Change <input type="checkbox"/> Addition
01/23/05-80007-007 150.00	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #