2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State
05-05-2004 90208 033 ***150.00

DOCUMENT # P96000090566

1. Entity Name
INNOVATIVE TRUCK PRODUCTS, INC.

Principal Place of Business	Mailing Address
35 SE HOLLY ST. HIGH SPRINGS FL 32655	P O BOX 1103 LIVE OAK FL 36064

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
941 N Ohio	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Live Oak, FL	City & State
Zip: 32060 Country: Suwannee	Zip Country

4. FEI Number 59-3412566 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARTSFIELD, BRADLY M 941 N OHIO AVE LIVE OAK FL 32064	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 Brad Hartsfield 2-25-04
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
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HARTSFIELD, BRADLY M 35 SE HOLLY ST HIGH SPGS FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Brad Hartsfield 941 N. Ohio Ave Live Oak, FL 32060	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HARTSFIELD, LINDA K 35 SE HOLLY ST HIGH SPGS FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Linda Hartsfield 941 N. Ohio Ave Live Oak, FL 32060	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WILSON, PAM P.O.BOX 1103 LIVE OAK FL 32064	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Brad Hartsfield Pres Brad Hartsfield Pre 2-24-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #