2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2004 8:00 am
Secretary of State
05-10-2004 90475 029 ***150.00

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DOCUMENT # P97000015630

1. Entity Name
NATIONAL POWERTRAIN, INC.

Principal Place of Business	Mailing Address
505 N MYRTLE AVE JACKSONVILLE, FL 32204	505 N MYRTLE AVE JACKSONVILLE, FL 32204

66426062

05052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3444696

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~HALSEMA, JAY C MILAM HOWARD~~
~~50 N LAURA STREET STE 2900~~
~~JACKSONVILLE, FL 32202~~ PLEASE DELETE

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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 ANDREW T. HARRIS Andrew T Harris 5-1-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

ANDREW T. HARRIS
505 N. MYRTLE AVE
JACKSONVILLE, FL 32204
REG. AGENT

REGISTERED AGENT FAILED TO SUBMIT

10. OFFICERS AND DIREC

TITLE	D
NAME	HARRIS, ANDREW T
STREET ADDRESS	1207 ORIENTAL GARDENS
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Andrew T Harris 5-1-04 904 219-2479
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #