2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 16, 2004 8:00 am **Secretary of State DOCUMENT # P98000049471** 1. Entity Name 03-16-2004 90037 039 ***150.00 DAYTONA C.V. AXLES, INC. Mailing Address Principal Place of Business 1168 SOUTHWINDS DRIVE 1168 SOUTHWINDS DRIVE PORT ORANGE, FL 32119 PORT ORANGE, FL 32119 2. Principal Place of Business 3. Mailing Address 524 MASON AVENUE 524 MASON AVENUE Suite, Apt. #, etc. Suite, Apt, #, etc. 03032004 CR2E034 (10/03) Chg-P City & State 4. FEI Number Applied For City & State DAYTONA BEACH, FLORIDA DAYTONA .BEACH, FLORIDA 59-3514515 Not Applicable \$8.75 Additional USA U\$A 5. Certificate of Status Desired 32124 32124 Fee Required 7.-Name and Address of New Registered Agent --6. Name and Address of Current Registered Agent JARRET, THOMAS JARRETT, THOMAS Street Address (P.O. Box Number is Not Acceptable) 1168 SOUTHWINDS DRIVE PORT ORANGE, FL 32119 524 MASON AVENUE City DAYTONA BEACH 32124 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PST TITLE ☐ Delete Change Addition PVST NAME JARRETT, THOMAS W NAME JARRET, THOMAS W. 524 MASON AVENUE STREET ADDRESS 1168 SOUTHWINDS DRIVE STREET ADDRESS CITY-ST-7IP PORT ORANGE, FL 32119 CITY - ST - ZIP DAYTONA BEACH, FLORIDA 32124 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change T [] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change-Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 my address, with all other like empowered.

FILED