2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State
03-16-2004 90037 039 ***150.00

DOCUMENT # P98000049471

1. Entity Name
DAYTONA C.V. AXLES, INC.

Principal Place of Business	Mailing Address
1168 SOUTHWINDS DRIVE PORT ORANGE, FL 32119	1168 SOUTHWINDS DRIVE PORT ORANGE, FL 32119

03032004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
524 MASON AVENUE	524 MASON AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DAYTONA BEACH, FLORIDA	City & State: DAYTONA .BEACH, FLORIDA
Zip 32124 Country USA	Zip 32124 Country USA

4. FEI Number 59-3514515 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JARRETT, THOMAS
1168 SOUTHWINDS DRIVE
PORT ORANGE, FL 32119

7. Name and Address of New Registered Agent

Name: JARRET, THOMAS
Street Address (P.O. Box Number is Not Acceptable): 524 MASON AVENUE
City: DAYTONA BEACH FL Zip Code 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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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	PST JARRETT, THOMAS W 1168 SOUTHWINDS DRIVE PORT ORANGE, FL 32119 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST JARRET, THOMAS W. 524 MASON AVENUE DAYTONA BEACH, FLORIDA 32124 ☒ 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
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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 all address, with all other like empowered.

SIGNATURE: Thomas Jarrett THOMAS JARRETT 3-8-04 252-6004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #