2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR).

Mailing Address 3810 NE 23RD AVE

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

LIGHTHOUSE POINT FL 33064

DOCUMENT # P99000003086

Country

6. Name and Address of Current Registered Agent

1. Entity Name

Principal Place of Business

LIGHTHOUSE POINT FL 33064

2. Principal Place of Business

3810 NE 23RD AVE

Suite, Apt. #, etc.

City & State

Zio

PROPULSION SUPPLY GROUP, INC.



FILED Feb 04, 2004 8:00 am **Secretary of State**

02-04-2004 90075 034 ***150.00

24007317

Daytime Phone #



SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code FL 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, 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 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSTD TITLE ☐ Delete TITLE ☐ Change ☐ Addition CORRIE, BRENT R NAME NAME STREET ADDRESS 3810 NE 23RD AVE STREET ADDRESS CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition 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 ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

Country

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.

SIGNAL UNE:		
	CONTRACTOR AND PROPER OF POPULTED MALLE OF CLOSURE OFFICER OF	UDE OY

CICNIATURE.