2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 29, 2007 08:00 A Secretary of State DOCUMENT # V02468 1. Entity Name INNOVATIVE CHASSIS WORKS OF FLORIDA, INC. Principal Place of Business Mailing Address 7727 SW 122TH ST 7727 SW 122TH ST **GAINESVILLE FL 32608** GAINESVILLE FL 32608 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & Stato City & State Applied For 4. FEI Number 59-3113725 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARDY, DUDLEY P 996 NORTH TEMPLE AVENUE Street Address (P.O. Box Number is Not Acceptable) STARKE FL 32091 City 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 Signature, typed or printed hame of registered agent and little applicable (NOTE: Registered Agent signature required when reinstailing) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 1000 ☐ Delele ☐ Change Addition GRIFFIS, RONALD W NAME NAME 7725 S.W. 122ND STREET STREET ADDRESS STRUET ADDRESS GAINESVILLE FL 32608 CITY-St-7IP CITY-ST-ZIP THE Ų00000682050^{□ Change} Addition Delete GRIFFIS, LILLIAN 04/04/07-80071-006 150.00 7727 SW 122ND STREET STRUET ADDRESS STREET ADDRESS GAINESVILLE FL 32608-5735 CITY-ST-ZIP CITY-S1-ZIP ппг _ ☐.Delete □ Change Addition NAME STRUET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP DHE ☐ Delete TOLE Change ☐ Addition NAME STREET ADDRESS SIRFET ADDRESS CITY-ST-7IP CHY-SI-7P HILL ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHY-ST-ZIP TITLE Delete THE ☐ 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 exemptions contained in Section 119. 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:

3-28-

352-495-5158

FILED