


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # G53475
 1. Entity Name
ALTAMONTE SPRINGS TRANSMISSION SHOPS, INC.



Principal Place of Business % CARROLL THOMPSON 3420 S. ORANGE AVE ORLANDO, FL 32806	Mailing Address % CARROLL THOMPSON 3420 S. ORANGE AVE ORLANDO, FL 32806
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03082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2309896	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**THOMPSON, CARROLL
 3420 S. ORANGE AVE
 ORLANDO, FL 32806**

DO NOT WRITE IN THIS SPACE

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, CARROLL 3420 S ORANGE AVE ORLANDO, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD THOMPSON, TOLANDA 32 RICHMOND DR NEW SMYRNA BEACH, FL 32769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 03/21/05-80058-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: Carroll Thompson 3/8/05 407-869-0943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #