

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G53475

**FILED**  
**Apr 28, 2006**  
**Secretary of State**

**Entity Name:** ALTAMONTE SPRINGS TRANSMISSION SHOPS, INC.

**Current Principal Place of Business:**

440 N. HIGHWAY 434  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

440 N. HIGHWAY 434  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

**FEI Number:** 59-2309896      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GODIN, MORA  
440 N. HIGHWAY 434  
ALTAMONTE SPRINGS, FL 32714      US

**Name and Address of New Registered Agent:**

BELOVED BOOKKEEPING  
430 ALTALOMA AVENUE  
ORLANDO, FL 32803      US

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.

SIGNATURE: WAGNER BUCCI      04/28/2006  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: BRADHAM, STEPHEN  
Address: 440 N. HIGHWAY 434  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VPT      ( ) Delete  
Name: GODIN, MORA  
Address: 440 N. HIGHWAY 434  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAGNER BUCCI      RA      04/28/2006  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date