


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2004 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # K54946<br>1. Entity Name<br>PALM CITY TRANSMISSIONS, INC. |  |
|--|---|

|   |  |
|---|--|
| Principal Place of Business<br>3393 SW 42ND AVE<br>PALM CITY, FL 34990 US | Mailing Address<br>% PETER T. GIANINO<br>217 EAST OCEAN BLVD, PO DRAWER 2846<br>STUART, FL 34995 |
|---|--|

**DO NOT WRITE IN THIS SPACE**



02182004 No Chg-P CR2E034 (10/03)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>65-0096154                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

|  |                                   |
|--|-----------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>GIANINO, PETER T.<br>217 EAST OCEAN BLVD<br>POST OFFICE DRAWER 2846<br>STUART, FL 34995 | <b>DO NOT WRITE IN THIS SPACE</b> |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

|   |  |                                    |
|---|--|------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|---|--|------------------------------------|

| 10. OFFICERS AND DIRECTORS                         |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DP<br>RIEGELSBERGER, JOHN S.<br>3371 S.W. 42ND AVE.<br>PALM CITY, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | S<br>GIANINO, PETER T ESQ<br>3395 SW 42ND AVE<br>PALM CITY, FL       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VP<br>GIANINO, PETER T ESQ<br>3395 42ND AVE.<br>PALM CITY, FL        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

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02/27/04-80063-015 150.00

**DO NOT WRITE IN THIS SPACE**

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.

**SIGNATURE:**  **2/25/04** (712) 286-0200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #