


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90048 033 ***155.00


DOCUMENT # K54946
 1. Entity Name
PALM CITY TRANSMISSIONS, INC.



Principal Place of Business 3393 SW 42ND AVE PALM CITY, FL 34990 US	Mailing Address % PETER T. GIANINO 217 EAST OCEAN BLVD, PO DRAWER 2846 STUART, FL 34995
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DO NOT WRITE IN THIS SPACE

50004242



02232006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0096154	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

GIANINO, PETER T.
 217 EAST OCEAN BLVD
 POST OFFICE DRAWER 2846
 STUART, FL 34995

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, 2006 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	DP RIEGELSBERGER, JOHN S. 3371 S.W. 42ND AVE. PALM CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GIANINO, PETER T ESQ 3395 SW 42ND AVE PALM CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GIANINO, PETER T ESQ 3395 42ND AVE. PALM CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **3/10/06** **(772) - 220 - 6062**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #