

**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90014 049 \*\*\*155.00

**DOCUMENT # K54946**

1. Entity Name  
**PALM CITY TRANSMISSIONS, INC.**



Principal Place of Business      Mailing Address

**3393 SW 42ND AVE  
 PALM CITY FL 34990  
 US**      **% PETER T. GIANINO  
 217 EAST OCEAN BLVD, PO DRAWER 2846  
 STUART FL 34995**



1st MOORE      CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**3393 SW, 42ND AVE.**      **3393 SW, 42ND AVE.**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**PALM CITY**      **PALM CITY**

Zip      Country      Zip      Country

**34980**      **MARTIN**      **34990**      **MARTIN**

4. FEI Number      Applied For

**65-0096154**      Not Applicable

5. Certificate of Status Desired            **\$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**

7. Name and Address of New Registered Agent

Name      **JOHN S. RIEGELSBERGER**

Street Address (P.O. Box Number is Not Acceptable)  
**3393 SW, 42ND AVE.**

City      **PALM CITY**      FL      Zip Code      **34990**

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      *John S. Riegelsberger*      DATE      **2/16/08**

Signature typed or printed name of registered agent and state of incorporation. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

Trust Fund Contribution.     

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	RIEGELSBERGER, JOHN S.	
STREET ADDRESS	3371 S.W. 42ND AVE.	
CITY-ST-ZIP	PALM CITY FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	GIANINO, PETER T ESQ	
STREET ADDRESS	3395 SW 42ND AVE	
CITY-ST-ZIP	PALM CITY FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GIANINO, PETER T ESQ	
STREET ADDRESS	3395 42ND AVE.	
CITY-ST-ZIP	PALM CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:      *John S. Riegelsberger*      DATE      **2/16/08**      DAYTIME PHONE #      **(772) 220-6062**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR