


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90053 010 ***150.00

DOCUMENT # P01000096396					
1. Entity Name EAST ORLANDO TRANSMISSIONS, INC.					
Principal Place of Business 10938A E. COLONIAL DR. ORLANDO, FL 32817			Mailing Address 10938A E. COLONIAL DR. ORLANDO, FL 32817		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3749431	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STEIN, W. JEFFRY 1420 ALAFAYA TRAIL, STE. 101 OVIEDO, FL 32765			7. Name and Address of New Registered Agent Name <u>DUPONT, DOUGLAS J.</u> Street Address (P.O. Box Number is Not Acceptable) <u>10938A E. COLONIAL DR</u> City <u>ORLANDO</u> FL Zip Code <u>32817</u>		
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 <u><i>Doug Dupont</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>2/1/08</u>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</p>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GERM, ANDREW N	NAME			
STREET ADDRESS	10938 A. EAST COLONIAL DR.	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32817	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DUPONT, DOUGLAS J	NAME			
STREET ADDRESS	10938 A. EAST COLONIAL DR.	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32817	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <u><i>Andrew N. GERM</i></u>			Date <u>1/31/08</u>		Daytime Phone # <u>407-281-0042</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #