

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000109678

Entity Name: S & H TRANSMISSIONS, INC.

FILED  
Aug 30, 2005  
Secretary of State

**Current Principal Place of Business:**

10479 COUNTY LINE RD  
SPRING HILL, FL

**New Principal Place of Business:**

**Current Mailing Address:**

7151 64TH ST N  
PINELLAS PARK, FL 33781

**New Mailing Address:**

FEI Number: 59-3757330

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAVIGNE, MARK  
3128 9TH ST W  
ST PETERSBURG, FL 33704 US

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

LAVIGNE, MARK  
3128 9TH ST N  
ST PETERSBURG, FL 33704 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: \_\_\_\_\_

Electronic Signature of Registered Agent

08/30/2005

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LAVIGNE, MARK  
Address: 7151 64TH ST N  
City-St-Zip: PINELLAS PARK, FL 33781

Title: VP ( ) Delete  
Name: LAVIGNE, ANNETTE  
Address: 7151 64TH ST N  
City-St-Zip: PINELLAS PARK, FL 33781

**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 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 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: MARK LAVIGNE

Electronic Signature of Signing Officer or Director

P

08/30/2005

Date