

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000055980

FILED
Apr 28, 2005
Secretary of State

Entity Name: LAKE COUNTY TRANSMISSIONS, INC.

Current Principal Place of Business:

1216 W WASHINGTON STREET
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

1216 W WASHINGTON STREET
ORLANDO, FL 32805

New Mailing Address:

FEI Number: 52-2452581

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZ, LAWRENCE H
341 N MAITLAND AVENUE SUITE 120
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

HORINE, MIKE
1216 W WASHINGTON ST.
ORLANDO, FL 32805 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: MIKE HORINE

04/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Change (X) Addition
Name: HORINE, MIKE
Address: 1216 W WASHINGTON ST
City-St-Zip: ORLANDO, FL 32805

Title: VP () Change (X) Addition
Name: HORINE, JAMES T
Address: 1216 W. WASHINGTON ST
City-St-Zip: ORLANDO, FL 32905

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: MIKE HORINE

P

04/28/2005

Electronic Signature of Signing Officer or Director

Date