

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K54946

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

**Current Principal Place of Business:**

3393 SW 42ND AVE  
PALM CITY, FL 34990

**FILED**  
**Mar 21, 2014**  
**Secretary of State**  
**CC8815558572**

**Current Mailing Address:**

3393 SW 42ND AVE  
217 EAST OCEAN BLVD, PO DRAWER 2846  
PALM CITY, FL 34990 US

**FEI Number:** 65-0096154

**Certificate of Status Desired:** No

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

RIEGELS BERGER, JOHN S  
3393 SW 42ND AVE  
PALM CITY, FL 34990 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

Date

**Officer/Director Detail :**

Title DP  
Name RIEGELSBERGER, JOHN S.  
Address 3371 S.W. 42ND AVE.  
City-State-Zip: PALM CITY FL

Title S  
Name GIANINO, PETER TESQ  
Address 3395 SW 42ND AVE  
City-State-Zip: PALM CITY FL

Title VP  
Name GIANINO, PETER TESQ  
Address 3395 42ND AVE.  
City-State-Zip: PALM CITY FL

*I hereby 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 all other like empowered.*

**SIGNATURE:** JOHN RIEGELSBERGER

**OWNER**

**03/21/2014**

Electronic Signature of Signing Officer/Director Detail

Date