


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 376473	
1. Entity Name KOHL'S TRANSMISSION, INC.	

Principal Place of Business 44 MILDRED DR FORT MYERS, FL 33901	Mailing Address 44 MILDRED DR FORT MYERS, FL 33901
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**DO NOT WRITE IN THIS SPACE**

02212005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1318571	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  LARROW, PAUL 3501-312 DEL PRADO BLVD. CAPE CORAL, FL 33904	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP AVERY, RANDY 2232 VIOLET FORT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BEYREIS, RONALD 2205 NW 15TH STREET CAPE CORAL, FL 33993
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GRIFFIN, GEORGE 2321 SE 15TH TERRACE CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000276358  
03/25/05-80035-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: George Griffin **GEORGE GRIFFIN** 3-22-05 239-936-2197  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #