

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # F13852

1. Entity Name

LAKE-SUMTER TRANSMISSIONS, INC.



Principal Place of Business

700 S 14TH ST
LEESBURG FL 34748
US

Mailing Address

380 W. ALFRED ST.
TAVARES FL 32778



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-2051973

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, CHRISTOPHER J
380 WEST ALFRED STREET
TAVARES FL 32778

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME HALL, MICHAEL
STREET ADDRESS 6423 SUNNYSIDE DRIVE
CITY-ST-ZIP LEESBURG FL

TITLE DV ☐ Delete
NAME BERRY, ROGER
STREET ADDRESS 29205 S CORLEY ISLAND
CITY-ST-ZIP LEESBURG FL 34748

TITLE SD ☐ Delete
NAME HALL, DONNA
STREET ADDRESS 6423 SUNNYSIDE DRIVE
CITY-ST-ZIP LEESBURG FL

TITLE TD ☐ Delete
NAME BERRY, DEBRA
STREET ADDRESS 29205 S CORLEY ISLAND
CITY-ST-ZIP LEESBURG FL 34748

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Donna Hall*

Donna Hall

4/7/06

(352)787-4740