

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90066 047 ***150.00

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

40041378



DO NOT WRITE IN THIS SPACE

02162007 No Chg-P CR2E034 (11/05)

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

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/07

Date

352-787-4640

Daytime Phone #