


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 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	



01162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2051973	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALL, MICHAEL 6423 SUNNYSIDE DRIVE LEESBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BERRY, ROGER 29205 S CORLEY ISLAND LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD.. HALL, DONNA 6423 SUNNYSIDE DRIVE LEESBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BERRY, DEBRA 29205 S CORLEY ISLAND LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/11/08-80014-015 150.00

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donna Hall

352-787-4640

Date

Daytime Phone #