


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 28, 2008 08:00 AM
Secretary of State**

DOCUMENT # F41190 1. Entity Name TRANSISTOR REGULATOR/STARTER/ALTERNATOR SERVICE, INC.	
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Principal Place of Business 6330 SILVER STAR RD ORLANDO, FL 32818-3119 US	Mailing Address 6330 SILVER STAR RD ORLANDO, FL 32818-3119 US
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04182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2164281	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MORRISON, W.H.
801 ORIENTA AVENUE
ALTAMONTE SPRINGS, FL 32751**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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

**U000000924451
05/19/08-80002-002 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SUMMERS, CARL D 6330 SILVER STAR RD ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SUMMERS, ARDIS E 6330 SILVER STAR RD ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SUMMERS, RANDY 6330 SILVER STAR RD ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/08 (407) 298-5490
Date Daytime Phone #