2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 02, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # F42727 TRANSMISSION, INC.				03-02-200	5 90076 044	***15	0.00
Principal Plac	e of Rusiness	Mailing Address				200176	57	
Principal Place of Business 307 RACETRACK ROAD NW 307 RACETRACK RD NW FT. WALTON BEACH, FL 32547		307 RACETRACK ROAD NW 307 RACETRACK RD NW FT. WALTON BEACH, FL 32547						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02072005	Chg-P	CR2E034 (1	10/03)	
City & State		City & State			4. FEI Number Applied For 59-2117800 Not Applicable			
Zip	Country	Zip	Country	5. Certificate	of Status Desired		75 Add Required	
ļ	6. Name and Address of Current	t Registered Agent	Name	7. Name and	Address of New	Registered Agen	t	
WERR JO	SEPH H		Name					
WEBB, JOSEPH H 307-RACETRACK RD NW FORT WALTON BEACH, FL 32547		Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
			City			FL ^z	Zip Code	9
	named entity submits this statement f	or the purpose of changing its re	gistered office or regis	stered agent, or bot	h, in the State of F	lorida. I am famili	ar with,	and accept
the obligat	ions of registered agent. 🦂							
SIGNATURE.	Signature, typed or printed name of registered agen	it and title if applicable. (NOTE: F	Registered Agent signature requ	ired when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered agen					DATE		
FIL	Signature, typed or printed name of registered agent E NOWIII FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campaign	n Financing	55.00 May Beudded to Fees	٠.	DATE		
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaigr Trust Fund Contrib	n Financing	55.00 May Be added to Fees		DATE	ECTORS	S IN 11
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hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CITY-ST-ZIP

SIGNATURE: NWWLe C WELL NICOLE C WELD 2/24/05 850-863-932

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayline Phone #