

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90112 006 ***150.00

DOCUMENT # H81825 1. Entity Name TRAIL TRANSMISSION, INC.					
Principal Place of Business 9803 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32821			Mailing Address 3330 LAKESHORE BLVD SAINT CLOUD, FL 34769 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	



01242006		Chg-P		CR2E034 (11/05)	
4. FEI Number 59-2594992				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
IAQUINTO, FRANK R 3330 LAKE SHORE BLVD SAINT CLOUD, FL 34769			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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PVST	☐ Delete		TITLE	☐ Change ☐ Addition		
NAME	IAQUINTO, FRANK R			NAME			
STREET ADDRESS	3330 LAKESHORE BLVD			STREET ADDRESS			
CITY- ST- ZIP	SAINT CLOUD, FL 34769			CITY- ST- ZIP			
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
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STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			

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 507, 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 filers empowered.

SIGNATURE: <u>Frank R. Aquino</u>	3-7-06	407-460-9151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #