


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 14, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # J62710</b> 1. Entity Name LONGWOOD TRANSMISSION SHOP, INC.	
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Principal Place of Business 715 N HWY 17-92 LONGWOOD, FL 32750 US	Mailing Address 715 N. HWY 17-92 LONGWOOD, FL 32750 US
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**DO NOT WRITE IN THIS SPACE**



05092007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2789716	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

HEUSLEY, GARY  
715 HWY 17-92 N  
LONGWOOD, FL 32750

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

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

U00000764181  
05/30/07-80047-013 550.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENSLEY, GARY 715 HWY 17-92 N LONGWOOD, FL 32750
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**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:** Gary Hensley Gary Hensley 5/14/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #