

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000021303

1. Entity Name
WAKULLA TRANSMISSIONS INC



Principal Place of Business
**771 PORT LEON DR.
ST. MARKS, FL 32355**

Mailing Address
**P.O. BOX 351
ST. MARKS, FL 32355**



05222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3657074	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

**RUBY, ROBERT
51 LYNN CIR.
ST. MARKS, FL 32355**

**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 _____ DATE **05/24/06-80002-008 150.00**
Signature, typed or printed name of registered agent and UIC if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RUBY, ROBERT
STREET ADDRESS	51 LYNN CIR
CITY - ST - ZIP	ST MARKS, FL 32355

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

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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: Robert Ruby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-22-06

Date

Daytime Phone #