Jun-03-08 10:19A Lorra L. Shepard, CPA 850 926 6362 P.02

FILED
Jun 05, 2008 08:00 AM
Secretary of State

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DO NOT WRITE IN THIS SPACE

06032008 No Chg P CR2E034 (11/05)

4. FEI Number
59-3657074

Applied For / Not Applicable

5. Certificate of Status Desired — $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: ______

U00000952784
~~06/05/08--00001--017--150.00~~

FILE NOW!!! FEE IS $150.00
Due by September 12, 2008

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	
TITLE	
NAME	
STREET ADDRESS	
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CITY ST ZIP	
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: Robert Ruby 5-29-08

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