


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000076807
 1. Entity Name
 REMANUFACTURED TRANSMISSIONS, INC.



Principal Place of Business 1216 W WASHINGTON STREET ORLANDO, FL 32805	Mailing Address 1216 W WASHINGTON STREET ORLANDO, FL 32805
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DO NOT WRITE IN THIS SPACE



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3671611	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

HORINE, GEORGE M
 1216 W. WASHINGTON STREET
 ORLANDO, FL 32805

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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 Mike Horine V.P. DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

UD00000093847
 03/22/04-80035-017 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HORINE, JAMES T 1216 W. WASHINGTON STREET ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST HORINE, GEORGE M 1216 W. WASHINGTON STREET ORLANDO, FL 32805
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I 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.

SIGNATURE: Mike Horine 3/1/04 407 420-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #