

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000055980

Entity Name: LAKE COUNTY TRANSMISSIONS, INC.

FILED  
May 01, 2008  
Secretary of State

## Current Principal Place of Business:

1529 SUNRISE PLAZA DR.  
STE. 1  
CLERMONT, FL 34714

## New Principal Place of Business:

## Current Mailing Address:

1529 SUNRISE PLAZA DR.  
STE. 1  
CLERMONT, FL 34714

## New Mailing Address:

FEI Number: 52-2452581

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HORINE, MIKE  
2100 S. ORANGE AVE.  
ORLANDO, FL 32806 US

## Name and Address of New Registered Agent:

HORINE, MIKE  
5242 S. ORANGE AVE.  
ORLANDO, FL 32809 US

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.

SIGNATURE: MIKE HORINE

05/01/2008

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: HORINE, MIKE  
Address: 2100 S. ORANGE AVE.  
City-St-Zip: ORLANDO, FL 32806

Title: VP ( ) Delete  
Name: HORINE, JAMES T  
Address: 2100 S. ORANGE AVE.  
City-St-Zip: ORLANDO, FL 32806

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: HORINE, MIKE  
Address: 5242 S. ORANGE AVE.  
City-St-Zip: ORLANDO, FL 32809

Title: VP (X) Change ( ) Addition  
Name: HORINE, JAMES T  
Address: 5242 S. ORANGE AVE.  
City-St-Zip: ORLANDO, FL 32809

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE HORINE

PRES

05/01/2008

Electronic Signature of Signing Officer or Director

Date