2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State
04-24-2008 90107 014 ***150.00

DOCUMENT # P07000124847

1. Entity Name
LARGO TRANSMISSION, INC.

Principal Place of Business	Mailing Address
1801 BELCHER RD., UNIT B LARGO, FL 33771	P.O. DRAWER 60205 COSTELLO & ROYSTON, LLP C/O JOHN M. WICKER, ESQ. FT. MYERS, FL 33906

01222008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	c/o John M. Wicker, P.A.
Suite, Apt. #, etc.	Suite, Apt. #, etc. P.O. Drawer 60205
City & State	City & State Ft. Myers, FL 33906
Zip / Country	Zip / Country

4. FEI Number 26-1428269 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WICKER, JOHN M. ESQ. 12670 NEW BRITTANY BLVD., STE. 101 COSTELLO & ROYSTON, LLP FT. MYERS, FL 33907	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 [signature] 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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SMITH, DAVID A.		NAME		
STREET ADDRESS	2205 HAMPSTEAD CT.		STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES, FL 33973		CITY-ST-ZIP		
TITLE	DVST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SMITH, DIANE L.		NAME		
STREET ADDRESS	2205 HAMPSTEAD CT.		STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES, FL 33973		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Diane L. Smith 4/17/08 239-303-7628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #