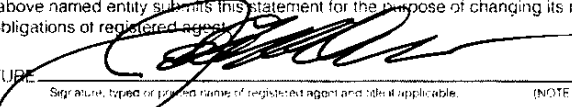
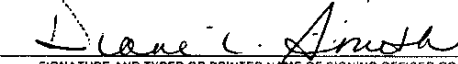


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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 1801 BELCHER RD., UNIT B LARGO, FL 33771			Mailing Address P.O. DRAWER 60205 COSTELLO & ROYSTON, LLP C/O JOHN M. WICKER, ESQ. FT. MYERS, FL 33906		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>c/o John M. Wicker, P.A.</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>P.O. Drawer 60205</i>			
City & State		City & State <i>FT. MYERS, FL 33906</i>		4. FEI Number <i>26-1428269</i>	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WICKER, JOHN M. ESQ. 12670 NEW BRITTANY BLVD., STE. 101 COSTELLO & ROYSTON, LLP FT. MYERS, FL 33907			7. Name and Address of New Registered Agent 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:  DATE: _____ Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reappointing)					
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 NAME STREET ADDRESS CITY- ST- ZIP	DP SMITH, DAVID A. 2205 HAMPSTEAD CT. LEHIGH ACRES, FL 33973	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVST SMITH, DIANE L. 2205 HAMPSTEAD CT. LEHIGH ACRES, FL 33973	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
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: 			4/17/08 239-303-7628		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					