

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P10000100614

1. Entity Name  
DANNY'S TRANSMISSIONS INC



FILED  
11 APR 27 PM 1:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

661 SE CR 245  
LAKE CITY, FL 32025

Mailing Address

661 SE CR 245  
LAKE CITY, FL 32025

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202011 Chg-P CR2E034 (11/08)

4. FEI Number

59-3470416

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, RUBY  
661 SE CR 245  
LAKE CITY, FL 32025

7. Name and Address of New Registered Agent

Name Danny Williams

Street Address (P.O. Box Number is Not Acceptable)

661 SE CR 245

City

LAKE CITY

FL

Zip Code

32025

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

Danny Williams

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/26/11

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2011 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME WILLIAMS, DANNY  
STREET ADDRESS 661 SE CR 245  
CITY- ST- ZIP LAKE CITY, FL 32025

TITLE P ☐ Delete  
NAME WILLIAMS, RUBY  
STREET ADDRESS 661 SE CR 245  
CITY- ST- ZIP LAKE CITY, FL 32025

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME Jul 27  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME 900203221795  
STREET ADDRESS 04/20/11--01005--012 \*\*150.00  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: Ruby Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-11

DATE

755-8702

DAYTIME PHONE