

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000028655

**FILED**  
**Mar 17, 2011**  
**Secretary of State**

**Entity Name:** JOHN HOFFMASTER TRANSMISSIONS, INC.

**Current Principal Place of Business:**

1476 MARKET CIR  
UNIT 6  
PORT CHARLOTTE, FL 33953

**New Principal Place of Business:**

**Current Mailing Address:**

1476 MARKET CIR  
UNIT 6  
PORT CHARLOTTE, FL 33953

**New Mailing Address:**

**FEI Number:** 65-0487375

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOFFMASTER, BILLIE C  
1468 NOBLE TERRACE  
PORT CHARLOTTE, FL 339522710 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: HOFFMASTER, JOHN  
Address: 1468 NOBLE TERRACE  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: DST  
Name: HOFFMASTER, BILLIE  
Address: 1468 NOBLE TERRACE  
City-St-Zip: PORT CHARLOTTE, FL 33952

I hereby 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 all other like empowered.

SIGNATURE: BILLIE HOFFMASTER

DST

03/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date