

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000004741

1. Entity Name
109 TRANSMISSIONS, INC.



Principal Place of Business
**1216 W WASHINGTON STREET
ORLANDO, FL 32805**

Mailing Address
**1216 WEST WASHINGTON STREET
ORLANDO, FL 32805**

DO NOT WRITE IN THIS SPACE

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03242006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3426649

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CRISANTE, MICHAEL JR
1216 W WASHINGTON ST
ORLANDO, FL 32805**

**DO NOT WRITE
IN THIS SPACE**

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 Michael Crisante Jr 3-31-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FCC IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDST
CRISANTE, MICHAEL C JR.
1216 W WASHINGTON ST
ORLANDO, FL 32805**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
CRISANTE, ELIZABETH C.
1216 W. WASHINGTON STREET
ORLANDO, FL 32805**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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04/18/06-80021-016 150.00

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IN THIS SPACE**

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: Michael Crisante
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-06 407-420-6522
Date Daytime Phone #