

FILED
Jan 18, 2007 08:00 AM
Secretary of State

1. Entity Name
109 TRANSMISSIONS, INC.



Mailing Address
1216 WEST WASHINGTON STREET
ORLANDO, FL 32805

DO NOT WRITE IN THIS SPACE

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01112007 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

m

michael Crisante

1-12-07

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

000000590602
01/18/07-80063-008 150.00

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

Attachment with an address, with

Michael Crisante

112-07

407-420-6522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #