2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2006 8:00 am Secretary of State

DOCUMENT # P97000023066 1. Entity Name TODD'S TRANSMISSIONS INC.	secretary of State
1. Entity Name	04-04-2006 90045 001 ***150.00
TODD'S TRANSMISSIONS INC. 「日本語 日本語 日本語	
Principal Place of Business Mailing Address	
5355 WACISSA AVENUE 5355 WACISSA AVENUE	
JACKSONVILLE, FL 32254 JACKSONVILLE, FL 32254	
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Principal Place of Business 3. Mailing Address	
Suite, Apt. #, etc. 03292006	Chg-P CR2E034 (11/05)
City & State City & State 4. FEI Number 59-3430: 59-3430:	Applied For Not Applicable
Zip Country Zip Country 5. Certificate of	Status Desired Status Desired Status Desired Fee Required
	ddress of New Registered Agent
Name Name	
HANNER, TODD 5355 WACISSA AVENUE Street Address (P.O. Box Number	is Not Acceptable)
JACKSONVILLE, FL 32254	
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 Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
Signatura, typed or pixtured name or registered agent and then it approaches. (1701c. negistered Agent agent and then it officeable.)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 1 Added to Fees	
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees	HANGES TO OFFICERS AND DIRECTORS IN 11
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12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE: _

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGHING OFFICER OR DIRECTOR

