


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90109 020 ***150.00

DOCUMENT # P97000098548 1. Entity Name JEFF'S TRANSMISSIONS, INC.	
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Principal Place of Business 9900 N. DALE MABRY TAMPA, FL 33618	Mailing Address 9900 N. DALE MABRY TAMPA, FL 33618
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DO NOT WRITE IN THIS SPACE



04122006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3483635	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERSON, JEFF
9900 N. DALE MABRY
TAMPA, FL 33618

**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 _____
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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ROBERSON, JEFF 9900 N. DALE MABRY TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS ROBERSON, LEILANI 9900 N. DALE MABRY TAMPA, FL 33618
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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:  **V.P.** **4/17/06** **9618477**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #