

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # S07285 1. Entity Name RALPH'S TRANSMISSION, INC.	
---	--

Principal Place of Business 1355 ARCADIA AVE. SARASOTA FL 34232	Mailing Address 1355 ARCADIA AVE. SARASOTA FL 34232
---	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent MAUS, RALPH H., JR 1355 ARCADIA AVE. SARASOTA FL 34232	
--	--

1st MOORE CR2E034 (10/05)

4. FEI Number **65-0221322** Applied For Not Applicable

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

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	☐ Delete		TITLE		☐ Change ☐ Add	
NAME	MAUS, RALPH H., JR			NAME			
STREET ADDRESS	1355 ARCADIA AVE.			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL			CITY-ST-ZIP			
TITLE	STD	☐ Delete		TITLE		☐ Change ☐ Add	
NAME	MAUS, JOANN			NAME			
STREET ADDRESS	1355 ARCADIA AVE.			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL			CITY-ST-ZIP			
TITLE	VD	☐ Delete		TITLE		☐ Change ☐ Add	
NAME	MAUS, STEVEN			NAME			
STREET ADDRESS	15903 225 ST EAST			STREET ADDRESS			
CITY-ST-ZIP	BRADENTON FL 34211			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Ralph Maus* **1-24-06** **941-921-3557**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR