

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000099043

**Entity Name:** ONE TIME TRANSMISSION, INC.

**Current Principal Place of Business:**

236 PONDELLA RD  
N. FORT MYERS, FL 33903

**Current Mailing Address:**

919 ALTADENA DR.  
FORT MYERS, FL 33919

**FEI Number:** 65-0713569

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BUONSIGNORE, MARK  
919 ALTADENA DR  
FORT MYERS, FL 33919 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            BUONSIGNORE, MARK  
Address        919 ALTADENA DR  
City-State-Zip: FT. MYERS FL 33919

Title            VPRE  
Name            BUONSIGNORE, PEGGY S  
Address        919 ALTADENA DR  
City-State-Zip: FT. MYERS FL 33919

Title            SCTY  
Name            BUONSIGNORE, PEGGY S  
Address        919 ALTADENA DR  
City-State-Zip: FT. MYERS FL 33919

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** PEGGY S BUONSIGNORE

VICE PRESIDENT

02/07/2024

Electronic Signature of Signing Officer/Director Detail

Date