


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90037 033 ***150.00

DOCUMENT # 557634
 1. Entity Name
ALL SPACE COAST DRIVER TRAINING SCHOOL, INC.



Principal Place of Business Mailing Address
914 PINETREE DRIVE **914 PINETREE DRIVE**
INDIAN HARBOUR BEACH FL 32937 **INDIAN HARBOUR BEACH FL 32937**

2. Principal Place of Business 3. Mailing Address
574 HIGHWAY A1A **SAME AS PRINCIPAL PLACE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
574 HIGHWAY A1A



1st MOORE CR2E034 (10/04)

City & State City & State
SATELLITE BEACH, FL **SATELLITE BEACH, FL**
 Zip Country Zip Country
32937 **BREVARD** **32937** **BREVARD**

4. FEI Number Applied For
59-1781786 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
KAPUSHY, EDWARD J
1222 SEMINOLE DR
INDIAN HARBOR BEACH FL FL 32937

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	KAPUSHY, EDWARD J	
STREET ADDRESS	1222 SEMINOLE DR	
CITY-ST-ZIP	INDIAN HAR BCH FL FL 32937	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ANDRADE, MARY ELAINE	
STREET ADDRESS	1670 MALABAR ROAD	
CITY-ST-ZIP	MALABAR FL 32950	
TITLE	D	<input type="checkbox"/> Delete
NAME	PILGREEN, KATHERINE	
STREET ADDRESS	24223 REDDEER	
CITY-ST-ZIP	HUFFMAN TX 77336	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SPENCE, SUSAN	
STREET ADDRESS	4506 MALTBY RD.	
CITY-ST-ZIP	BOTHELL WA 98012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Edward Kapushy EDWARD KAPUSHY 020105 321-773-3323
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #