

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 01, 2007 08:00 AM
Secretary of State



1st MOORE CR2E034 (10/06)

4. FEI Number **59-2558070** 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 _____

DOCUMENT # G97528

1. Entity Name

MCDONALD DRIVING SCHOOL, INC.



Principal Place of Business

**601 W.OAKLAND PK.BLVD., #26
FORT LAUDERDALE FL 33311**

Mailing Address

**601 W.OAKLAND PK.BLVD., #26
FORT LAUDERDALE FL 33311**

2. Principal Place of Business - No P.O. Box # _____

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

**MCDONALD, EASTON
601 W.OAKLAND PK.BLVD., #26
FT. LAUDERDALE FL 33311**

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	D MCDONALD, EASTON 601 W OAKLAND PK BLVD #26 FORT LAUDERDALE FL 33311	☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY ST ZIP	U00000616512 02/07/07-80031-004 158.75	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Add

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: *EASTON D. MCDONALD*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-07

Date

845840322
Daytime Phone #