

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000120564

FILED
Mar 03, 2009
Secretary of State

Entity Name: DRIVING SOLUTIONS OF CORAL SPRINGS, INC

Current Principal Place of Business:

10750 WILES RD
CORAL SPRINGS, FL 33076

New Principal Place of Business:

Current Mailing Address:

10416 W MCNAB RD
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 26-1353373

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INTERRANTE, CATHLEEN
10416 W MCNAB RD
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RUSHEFSKY, STEVEN
Address: 11130 NW 24 STREET
City-St-Zip: CORAL SPRINGS, FL 33321

Title: VP () Delete
Name: TURNER, DONALD
Address: 7032 NANDINA LANE
City-St-Zip: TAMARAC, FL 33321

Title: S, T () Delete
Name: INTERRANTE, CATHLEEN
Address: 740 S FEDERAL HIGHWAY, # 512
City-St-Zip: POMPANO BEACH, FL 33062

Title: DIR (X) Delete
Name: SHERMAN, JONATHAN
Address: 7256 NW 61 TERRACE
City-St-Zip: PARKLAND, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CATHLEEN INTERRANTE

S

03/03/2009

Electronic Signature of Signing Officer or Director

_____ Date