

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000095783

1. Entity Name

NORTH FLORIDA TRAFFIC SCHOOL, INC.



Principal Place of Business

3428-1 BEACH BLVD
JACKSONVILLE FL 32207
US

Mailing Address

3428 #1 BEACH BLVD.
JACKSONVILLE FL 32207
US



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

4. FEI Number **59-3379525**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARROLL, LORRAINE
3428-1 BEACH BLVD
JACKSONVILLE FL 32207

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

Lorraine Carroll

1-26-08

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when constituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME FARMAND, GINA S
STREET ADDRESS 4221 SAN SERVERA DR N
CITY-STATE-ZIP JACKSONVILLE FL 32217

TITLE ☐ Change ☐ Addition
NAME **U00000841543**
STREET ADDRESS **03/10/08-80022-014 150.00**
CITY-STATE-ZIP

TITLE P ☐ Delete
NAME CARROLL, LORRAINE A
STREET ADDRESS 4013 JEBB ISLAND CIRCLE EAST
CITY-STATE-ZIP JACKSONVILLE FL 32224

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-STATE-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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:

Lorraine Carroll

1-26-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #