

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # F33285

1. Entity Name
A-A DRIVING SCHOOL, INC.



Principal Place of Business

2809 ART MUSEUM DR
JACKSONVILLE, FL 32207 US

Mailing Address

2809 ART MUSEUM DR
JACKSONVILLE, FL 32207 US

2/A CR# 3165 4/1/04 JMB



02222004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2095449

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

O'DONNELL, JAMES D
2207 INDEPENDENT DR
JACKSONVILLE FL, FL 32202

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000102832
04/05/04-80032-006 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
MCDOWELL, JACK G SR
1323 PALM AVE
JACKSONVILLE, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Jack G McDowell Sr* Jack G McDowell SR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/04 2/23/04 904-737-3619
Date Daytime Phone #