

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90004 023 ***550.00

DOCUMENT # F98000002110

1. Entity Name
FLORIDA DRIVERS, INC.



Principal Place of Business
4530 WISCONSIN AVE., NW
WASHINGTON, DC 20016

Mailing Address
4530 WISCONSIN AVE., NW
WASHINGTON, DC 20016

54065628



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07012004

Chg-P

CR2E034 (10/03)

4. FEI Number
52-2091813

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

☐ Circulate

☐ Non-circulate

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME WOLFINGTON, VINCENT A
STREET ADDRESS 4530 WISCONSIN AVE.
CITY-ST-ZIP WASHINGTON, DC 20016 ☒ Delete

TITLE VS
NAME KESSLER, GARY L
STREET ADDRESS 4530 WISCONSIN NW
CITY-ST-ZIP WASHINGTON, DC 20016 ☐ Delete

TITLE VT
NAME LAHR, MITCHELL J
STREET ADDRESS 4530 WISCONSIN NW
CITY-ST-ZIP WASHINGTON, DC 20016 ☐ Delete

TITLE VD
NAME MURPHY, DEVIN J
STREET ADDRESS 4530 WISCONSIN AVE NW
CITY-ST-ZIP WASHINGTON, DC 20016 ☐ Delete

TITLE D
NAME LARSEN, JEFFREY R
STREET ADDRESS 717 FIFTH AVENUE, 23RD FLOOR
CITY-ST-ZIP NEW YORK, NY 10022 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE VTD
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE PD
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D
NAME Foley, Sarah
STREET ADDRESS 717 Fifth Avenue, 23 flr
CITY-ST-ZIP New York, NY 10022 ☐ Change ☒ Addition

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

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 empowers.

Gary L. Kessler

Vice President and Secretary

7/6/04

202 845 1200

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #