


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90049 001 ***158.75

DOCUMENT # G79652 1. Entity Name E.C. DRIVER & ASSOCIATES, INC.					
Principal Place of Business 150 E PALMETTO PARK RD. STE. 400 BOCA RATON, FL 33432			Mailing Address 600 MONTGOMERY STREET 25TH FLOOR SAN FRANCISCO, CA 94111 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		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILLER, HUGH 3676 HARTSFIELD RD. TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ECHAGARRUA, MARIO 7119 BEECH RIDGE TRAIL TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANDEGIAN, GARY Y 600 MONTGOMERY ST., 25TH FLR. SAN FRANCISCO, CA 94111 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONES, KRISTIN L 600 MONTGOMERY ST. 25TH FL SAN FRANCISCO, CA 94111 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete CONTINUED ON ATTACHMENT		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____		Kristin L. Jones, Secretary		1/10/08 415-774-2700	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

40003000



01092008 Chg-P CR2E034 (12/06)

4. FEI Number **59-2375705** Applied For ☐ Not Applicable ☐

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

E.C. DRIVER ASSOCIATES, INC.
Document Number G79652

ATTACHMENT

40005050
679652

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	V/CFD/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, H. THOMAS	NAME	
STREET ADDRESS	600 Montgomery Street, 25th Floor	STREET ADDRESS	
CITY-ST-ZIP	San Francisco, CA 94111	CITY-ST-ZIP	
TITLE	D/V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASTERS, JOSEPH	NAME	
STREET ADDRESS	600 Montgomery Street, 25th Floor	STREET ADDRESS	
CITY-ST-ZIP	San Francisco, CA 94111	CITY-ST-ZIP	
TITLE	SrV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLEN, ROBERT M.	NAME	
STREET ADDRESS	7650 W. Courtney Campbell Causeway	STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33607	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, JAMES	NAME	
STREET ADDRESS	7119 Beech Ridge Trail	STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 32312	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTA, LUIS A.	NAME	
STREET ADDRESS	150 E. Palmetto Park Road	STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 33432	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALDONADO, LUIS E.	NAME	
STREET ADDRESS	7119 Beech Ridge Trail	STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 32312	CITY-ST-ZIP	
TITLE	V/T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODGERS, JUDY	NAME	
STREET ADDRESS	600 Montgomery Street, 25th Floor	STREET ADDRESS	
CITY-ST-ZIP	San Francisco, CA 94111	CITY-ST-ZIP	
TITLE	SrV <input type="checkbox"/> Delete	TITLE	SrV/CONTROLLER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEAHY, MARTIN	NAME	
STREET ADDRESS	600 Montgomery Street, 25th Floor	STREET ADDRESS	
CITY-ST-ZIP	San Francisco, CA 94111	CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COFFMAN, EVELYN V.	NAME	
STREET ADDRESS	600 Montgomery Street, 25th Floor	STREET ADDRESS	
CITY-ST-ZIP	San Francisco, CA 94111	CITY-ST-ZIP	