



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # K96900 1. Entity Name AULT'S DRIVER EDUCATION CENTER, INC.																																								
Principal Place of Business 406 NORTH INDIANA AVE. SUITE #10 ENGLEWOOD, FL 34223 US			Mailing Address 406 NORTH INDIANA AVE. SUITE #10 ENGLEWOOD, FL 34223 US																																					
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																						
City & State Zip Country		City & State Zip Country		03042008 Chg-P CR2E034 (12/06)																																				
4. FEI Number 65-0146599				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																																				
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent AULT, ROY E. 406 NORTH INDIANA AVE. SUITE #10 ENGLEWOOD, FL 34223																																				
7. Name and Address of New Registered Agent 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 _____																																				
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY ST ZIP</td> <td style="width:10%; text-align: right;">Delete</td> </tr> <tr> <td>DT</td> <td>AULT, ROY E.</td> <td>316 S. MANGO STREET</td> <td>ENGLEWOOD, FL 34223</td> <td><input type="checkbox"/></td> </tr> <tr> <td>DVS</td> <td>AULT, SHERRIE C.</td> <td>316 S. MANGO STREET</td> <td>ENGLEWOOD, FL 34223</td> <td><input type="checkbox"/></td> </tr> <tr> <td>DP</td> <td>AULT, BRAD A.</td> <td>8420 ROOSEVELT STREET</td> <td>ENGLEWOOD, FL 34224</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY ST ZIP	Delete	DT	AULT, ROY E.	316 S. MANGO STREET	ENGLEWOOD, FL 34223	<input type="checkbox"/>	DVS	AULT, SHERRIE C.	316 S. MANGO STREET	ENGLEWOOD, FL 34223	<input type="checkbox"/>	DP	AULT, BRAD A.	8420 ROOSEVELT STREET	ENGLEWOOD, FL 34224	<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	Delete																																				
DT	AULT, ROY E.	316 S. MANGO STREET	ENGLEWOOD, FL 34223	<input type="checkbox"/>																																				
DVS	AULT, SHERRIE C.	316 S. MANGO STREET	ENGLEWOOD, FL 34223	<input type="checkbox"/>																																				
DP	AULT, BRAD A.	8420 ROOSEVELT STREET	ENGLEWOOD, FL 34224	<input type="checkbox"/>																																				
				<input type="checkbox"/>																																				
				<input type="checkbox"/>																																				
				<input type="checkbox"/>																																				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY ST ZIP</td> <td style="width:10%; text-align: right;">Change Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY ST ZIP	Change Addition					<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/> <input type="checkbox"/>	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.								
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	Change Addition																																				
				<input type="checkbox"/> <input type="checkbox"/>																																				
				<input type="checkbox"/> <input type="checkbox"/>																																				
				<input type="checkbox"/> <input type="checkbox"/>																																				
				<input type="checkbox"/> <input type="checkbox"/>																																				
				<input type="checkbox"/> <input type="checkbox"/>																																				
SIGNATURE: <i>Brad Ault</i> <i>Brad Ault</i> <i>4/4/08</i> <i>941-474-5125</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																								