

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000013565

**FILED**  
**Feb 24, 2004**  
**Secretary of State**

**Entity Name:** DRIVERS OWNERS GROUP SERVICES, LLC

**Current Principal Place of Business:**

13203 DORCHESTER DRIVE  
SEMINOLE, FL 33776

**New Principal Place of Business:**

2436 MORNING GLORY COURT  
HOLIDAY, FL 34691

**Current Mailing Address:**

13203 DORCHESTER DRIVE  
SEMINOLE, FL 33776

**New Mailing Address:**

2436 MORNING GLORY COURT  
HOLIDAY, FL 34691

**FEI Number:** 20-0012887

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEVELLE, DAVID P  
3304 REGAL CREST DRIVE  
LONGWOOD, FL 32779 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: THOMAS, RALPH R  
Address: 13203 DORCHESTER DRIVE  
City-St-Zip: SEMINOLE, FL 33776

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: @CCOUNTING,TAX & BUS, INESS SOLUTION S LLC  
Address: 3304 REGAL CREST DRIVE  
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RALPH R. THOMAS

MGRM

02/24/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date