

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L79597**

**1. Entity Name**

ROADMASTER DRIVERS SCHOOL, INC.



**Principal Place of Business**

5411 WEST TYSON AVENUE  
TAMPA, FL 33611

**Mailing Address**

5411 WEST TYSON AVENUE  
TAMPA, FL 33611



02162007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

59-3145255

**Applied For**

Not Applicable

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

KEARNEY, JOHN E  
5411 W. TYSON AVENUE  
TAMPA, FL 33611

**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 resigning)

**DATE**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

**9. Election Campaign Financing  
Trust Fund Contribution.**



**\$5.00 May Be  
Added to Fees**

000000677125  
03/30/07-80092-020 158.75

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	CD
<b>NAME</b>	TOMION, J C
<b>STREET ADDRESS</b>	8310 W GULF BLVD
<b>CITY-ST-ZIP</b>	TREASURE ISLAND, FL
<b>TITLE</b>	CEOP
<b>NAME</b>	KEARNEY, JOHN E
<b>STREET ADDRESS</b>	5411 WEST TYSON AVENUE
<b>CITY-ST-ZIP</b>	TAMPA, FL
<b>TITLE</b>	D
<b>NAME</b>	MCCLOY, ALFRED A
<b>STREET ADDRESS</b>	5411 WEST TYSON AVENUE
<b>CITY-ST-ZIP</b>	TAMPA, FL
<b>TITLE</b>	VPST
<b>NAME</b>	KEARNEY, JOHN E JR
<b>STREET ADDRESS</b>	5411 WEST TYSON AVENUE
<b>CITY-ST-ZIP</b>	TAMPA, FL 33611
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**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:**

John E Kearney Jr

2/19/2007

(813) 831-4490 x 231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #