## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**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

FILED Mar 28, 2008 08:00 Al Secretary of State



DO NOT WRITE IN THIS SPACE

01162008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3145255

Applied For Not Applicable

5. Certificate of Status Desired

**z**i \$1

\$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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees U00000874323 04/10/08-80113-012 158.75

OFFICERS AND DIRECTORS 10. CD TITLE TOMION, J C STREET ADDRESS 8310 W GULF BLVD CITY-ST-ZIP TREASURE ISLAND, FL CEOP TITLE KEARNEY, JOHN E STREET ADDRESS 5411 WEST TYSON AVENUE TAMPA, FL CITY-ST-ZIP MCCLOY, ALFRED A NAME STREET ADDRESS 5411 WEST TYSON AVENUE CITY-ST-ZIP TAMPA, FL **VPST** KEARNEY, JOHN E JR 5411 WEST TYSON AVENUE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33611 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1-17-08

(813)831-4490

Daytime Phone

John F. Kearney, President