

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006646

FILED  
Jul 11, 2005  
Secretary of State

Entity Name: DRIVER IMPROVEMENT SCHOOLS NA, INC.

## Current Principal Place of Business:

1144 CORBIN PARK ROAD  
NEW SMYRNA BEACH, FL 32168

## New Principal Place of Business:

PO BOX 1215  
EDGEWATER, FL 32132

## Current Mailing Address:

PO BOX 1215  
EDGEWATER, FL 32132

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

SMITH, JAMES A  
1144 CORBIN PARK ROAD  
NEW SMYRNA BEACH, FL 32168 US

## Name and Address of New Registered Agent:

SMITH, J A  
2160 VOLCO RD  
POB 1215  
EDGEWATER, FL 32141 US

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: J A SMITH

07/11/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: SMITH, C. EDWARD  
Address: 1144 CORBIN PARK ROAD  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: DV ( ) Delete  
Name: SMITH, JAMES A  
Address: 1144 CORBIN PARK ROAD  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D ( ) Delete  
Name: SMITH, EDITH A  
Address: 1144 CORBIN PARK ROAD  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: SMITH, C. EDWARD  
Address: PO BOX 1215  
City-St-Zip: EDGEWATER, FL 32141

Title: DV (X) Change ( ) Addition  
Name: SMITH, JAMES A  
Address: POB 1215  
City-St-Zip: EDGEWATER, FL 32141

Title: D (X) Change ( ) Addition  
Name: SMITH, EDITH A  
Address: POB 1215  
City-St-Zip: EDGEWATER, FL 32141

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 or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C EDWARD SMITH

DP

07/11/2005

Electronic Signature of Signing Officer or Director

Date