

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006922

Entity Name: SAFE TEEN DRIVERS, INC.

FILED
Apr 27, 2004
Secretary of State

Current Principal Place of Business:

6860 GULFPORT BLVD, S #249
ST PETERSBURG, FL 33707

New Principal Place of Business:

Current Mailing Address:

6860 GULFPORT BLVD, S #249
ST PETERSBURG, FL 33707

New Mailing Address:

FEI Number: 56-2393288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURAKAMI, BRUCE
6860 GULFPORT BLVD, S #249
ST PETERSBURG, FL 33707

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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MURAKAMI, BRUCE
Address: 6860 GULFPORT BLVD, S #249
City-St-Zip: ST PETERSBURG, FL 33707

Title: DV () Delete
Name: WINTERS, WILLIAM H
Address: 709 W AZEELE ST
City-St-Zip: TAMPA, FL 33606

Title: SD () Delete
Name: MALDONADO, CHRISTINA
Address: 13470 SAN RAFAEL DR
City-St-Zip: LARGO, FL 33774

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: DT () Change (X) Addition
Name: JANSSEN, DUANE H
Address: 1626 38TH AVE NORTH
City-St-Zip: ST PETERSBURG, FL 33713

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: BRUCE MURAKAMI

DP

04/27/2004

Electronic Signature of Signing Officer or Director

Date