## **2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Jan 25, 2006 8:00 am Secretary of State

1. Entity Name WEST CENTRAL FLORIDA DRIVER IMPROVEMENT, INC.								01-2	25-2006	90030 0	42 ****6	1.25	
Principal Place of Business 225 NE 14TH STREET OCALA, FL 32670			Mailing Address 225 NE 14TH STREET OCALA, FL 32670						4 '	IE SITH ETZIE E	III AFON A18N S	arzia estri estis c	
2. Principal Place of Business			3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.					01212006	Chg	-NP	CR2E	037 (11/05)	
City & State			City & State					4. FEI Numbe 59-253		•			opplied For lot Applicable
Zip Country			Zip			ıntry		5. Certificate	of Statu	ıs Desired		\$8.75 A	
	6. Name	and Address of Current R	Registered Age	ent				7. Name and	Addre	ss of New I	Registered	Agent	
OFINOKE	DADDAD					Name							
225 NE 14	, BARBARA TH STREE					Street A	Street Address (P.O. Box Number is Not Acceptable)						<u> </u>
OCALA, F	L 3447U												
						City					F		
		submits this statement for	tue barbose of	changing its i	egistere	ea office or	registere	ed agent, or bol	tri, in tri	e State of Fi	ionoa. Tan	n (animar witi	i, and accept
SIGNATURE	tions of register	and agent.  Augustical desired agent and agent agent and agent agent and agent and agent agent and agent a	ncki nd title if applicable.			ara R d Agent signati		ke, Re	<del>g</del>	Agent	DATE	3/06	
SIGNATURE	Signature, typed of	ara Lau	· F		Registere paign F	d Agent signati inancing	re required				DATE	23/06 ck payable	
SIGNATURE	Signature, typed of	or printed here of registered agent an	9.	(NOTE	Registere paign F	d Agent signati inancing	re required	\$5.00 May B	Se	N Flo	DATE Make cher rida Depa	ck payable artment of S	State
SIGNATURE	Signature, typed of	or printed herfie of registered agent and a series \$61.25 lay 1, 2006	9. ECTORS	(NOTE	Registere paign F ontributi	d Agent signate inancing ion.	re required	\$5.00 May B Added to Fees	Se	N Flo	DATE Make cher rida Depa	ck payable artment of S	State
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Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. 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 617, 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.

Agent 1/23/06 352-622-6991 SIGNATURE: SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR