

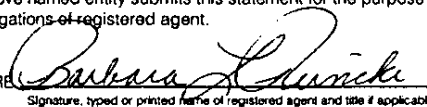
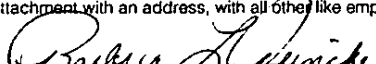


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-25-2006 90030 042 ****61.25

DOCUMENT # N07646 1. Entity Name WEST CENTRAL FLORIDA DRIVER IMPROVEMENT, INC.						
Principal Place of Business 225 NE 14TH STREET OCALA, FL 32670			Mailing Address 225 NE 14TH STREET OCALA, FL 32670			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 59-2533366		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent REINCKE, BARBARA 225 NE 14TH STREET OCALA, FL 34470				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 		
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:  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Barbara Reincke, Reg. Agent <u>1/23/06</u> <small>DATE</small> <small>(NOTE: Registered Agent signature required when reinstating)</small>				
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAUGHN, STEPHEN <input type="checkbox"/> Delete PO BOX 1487 MOUNT DORA, FL 32757			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Millitello, Melisa <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4983 SW 36 Lane Ocala, FL 34474	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STANCIL, HALE <input type="checkbox"/> Delete 225 E. MCCOLLUM AVE BUSHNELL, FL 33513			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MORRIS, TIMOTHY <input type="checkbox"/> Delete 9605 SILVERLAKE DRIVE LEESBURG, FL 34788			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Morris, Timothy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9605 Silverlake Drive Leesburg, FL 34788	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, SUSAN <input type="checkbox"/> Delete 13469 NORTH US HIGHWAY 441 THE VILLAGES, FL 32159			TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Sullivan, Susan <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13469 N US Hwy 441 The Villages, FL 32159	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCUTCHEON, JIM <input type="checkbox"/> Delete P.O. BOX 1767 WILDWOOD, FL 34785			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKIDMORE, THOMAS <input type="checkbox"/> Delete 209 N FLORIDA BUSHNELL, FL 33513			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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.						
SIGNATURE:  Barbara Reincke, Reg. Agent <u>1/23/06</u> <u>352-622-6991</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						