



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

**FILED**  
**Aug 11, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N11866</b> 1. Entity Name <b>PUBLIC SCHOOL BUS DRIVERS OF OSCEOLA COUNTY, INC</b>			
Principal Place of Business <b>401 SIMPSON ROAD KISSIMMEE, FL 34744</b>		Mailing Address <b>401 SIMPSON ROAD KISSIMMEE, FL 34744</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
			
		08012006 No Chg-NP CR2E037 (4/06)	
4. FEI Number <b>59-2591481</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ADKINS, PAULA 2573 N STEWART KISSIMMEE, FL 34746</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		U00000574142 08/11/06-80005-010 61.25	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE	PD		
NAME	FLORES, PHILIP		
STREET ADDRESS	1529 KELBY ROAD		
CITY- ST- ZIP	KISSIMMEE, FL 34744		
TITLE	VP		
NAME	RIVERA, MARIA .		
STREET ADDRESS	119 LAREDO LANE.		
CITY- ST- ZIP	KISSIMMEE, FL 34743		
TITLE	SEC		
NAME	PATTERSON, PENNY		
STREET ADDRESS	1529 KELBY ROAD		
CITY- ST- ZIP	KISSIMMEE, FL 34744		
TITLE	TR		
NAME	JACK, STOKELEY		
STREET ADDRESS	2303 ABERDEEN COURT		
CITY- ST- ZIP	KISSIMMEE, FL 34743		
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
<b>DO NOT WRITE IN THIS SPACE</b>			
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.			
<b>SIGNATURE:</b> <u>Stokeley Andre' Jack</u> <b>STOKELEY ANDRE' JACK</b> 08/09/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF DESIGNATED OFFICER OR DIRECTOR Date Daytime Phone #</small>			