


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # N11866 1. Entity Name PUBLIC SCHOOL BUS DRIVERS OF OSCEOLA COUNTY, INC	
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Principal Place of Business 401 SIMPSON ROAD KISSIMMEE, FL 34744	Mailing Address 401 SIMPSON ROAD KISSIMMEE, FL 34744
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DO NOT WRITE IN THIS SPACE



04152007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2591481	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ADKINS, PAULA
2573 N STEWART
KISSIMMEE, FL 34746**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FLORES, PHILIP 1529 KELBY ROAD KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RIVERA, MARIA 119 LAREDO LANE. KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC PATTERSON, PENNY 1529 KELBY ROAD KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR JACK, STOKELEY 2303 ABERDEEN COURT KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/01/07-80017-016 61.25

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: *Stokeley Andrew Jack* 04/16/07 (407) 348 6859
SIGNATURE AND TYPED OR PRINTED NAME OF CHAIRMAN, OFFICER OR DIRECTOR Date Daytime Phone #