


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N11866	
1. Entity Name PUBLIC SCHOOL BUS DRIVERS OF OSCEOLA COUNTY, INC	

FILED
Jul 31, 2008 08:00 AM
Secretary of State

Principal Place of Business 401 SIMPSON ROAD KISSIMMEE, FL 34744	Mailing Address 401 SIMPSON ROAD KISSIMMEE, FL 34744
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07212008 No Chg-NP CR2E037 (4/06)

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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 *Paula J Adkins* DATE 7/29/08

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

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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, STOKLEY 2303 ABERDEEN COURT KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/31/08-80001-004 70.00

**DO NOT WRITE
IN THIS SPACE**

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: *Philip Flores* **PHILIP FLORES** DATE 7/29/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR