


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 20, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90311 042 \*\*\*\*61.25

<b>DOCUMENT # N99000006695</b> 1. Entity Name <b>SAFETY AWARENESS DRIVING SCHOOL, INC.</b>				
Principal Place of Business <b>532 N. RIDGEWOOD AVE DAYTONA BEACH, FL 32114</b>		Mailing Address <b>532 N. RIDGEWOOD AVE DAYTONA BEACH, FL 32114</b>		
<h2>DO NOT WRITE IN THIS SPACE</h2>				
01262006 No Chg-NP CR2E037 (11/05)				
4. FEI Number <b>59-3605775</b>			Applied For <input type="checkbox"/> 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>WILLIAMS, PEARLIE M. 711 BERKSHIRE RD. DAYTONA BEACH, FL 32114</b>		<h2>DO NOT WRITE IN THIS SPACE</h2>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____				
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>		<h2>DO NOT WRITE IN THIS SPACE</h2>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROOMS, WILLIAM 453 N. KEECH ST. DAYTONA BEACH, FL 32114			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHESTER, GERALD 847 A ORANGE AVE. DAYTONA BEACH, FL 32114			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REDDIN-COFFIE, PERLESHA 711 BERKSHIRE RD DAYTONA BEACH, FL 32114			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWN, BERTIE C 364 WILSON AVE DAYTONA BEACH, FL 32114			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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> <i>Perlesha Reddin-Coffie</i>		Date: <i>6/14/06</i> Daytime Phone #: <i>(386) 871-3820</i>		