2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000063453

FILED Mar 30, 2006 Secretary of State

Entity Name: HANDICAPPED DRIVER SERVICES-FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 5675 UNIVERSITY BLVD WEST JACKSONVILLLE, FL 32216 **Current Mailing Address: New Mailing Address:** PO BOX 551260 JACKSONVILLE, FL 32255 FEI Number: 58-2555591 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHNEIDER, MICHAEL N 5150 BELFORT ROAD BUILDING 100 JACKSONVILLE, FL 32256 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DVST () Delete Title: () Change () Addition DRESDNER, MICHAEL Name: Name: 1349 OLD HIGHWAY 41 SUITE 160 Address: Address: City-St-Zip: MARIETTA, GA 30060 City-St-Zip: Title: DP Title: () Change () Addition () Delete Name: COLNAGHI, JOHN J Name: 4215 RICHMOND PARK DRIVE Address: Address: JACKSONVILLE, FL 32224 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN J. COLNAGHI DP 03/30/2006