

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000063453

FILED
Jan 21, 2008
Secretary of State

Entity Name: HANDICAPPED DRIVER SERVICES-FLORIDA, INC.

Current Principal Place of Business:

5675 UNIVERSITY BLVD WEST
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

1310 KENNESTONE CIRCLE
SUITE 2
MARIETTA, GA 30066

New Mailing Address:

FEI Number: 58-2555591 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SCHNEIDER, MICHAEL N
5150 BELFORT ROAD BUILDING 100
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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:

Title: DVST () Delete
Name: DRESNER, MICHAEL
Address: 1310 KENNESTONE CIRCLE SUITE #2
City-St-Zip: MARIETTA, GA 30066

Title: DP () Delete
Name: COLNAGHI, JOHN J
Address: 4215 RICHMOND PARK DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL DRESNER

DVST

01/21/2008

Electronic Signature of Signing Officer or Director

_____ Date