

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000100965

1. Entity Name
EMERALD COAST DRIVING IMPROVEMENT SCHOOL,
INC.



Principal Place of Business

1270 N EGLIN PKWY
C-10
SHALIMAR, FL 32579

Mailing Address

POST OFFICE BOX 5526
DESTIN, FL 32540-5526

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05252004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3683507

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SULLIVAN, GLADYS
1270 N. EGLIN PARKWAY
SUITE C-10
SHALIMAR, FL 32579

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution.

\$5:00 May Be
Added to Fees

In accordance with s. 807.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOP
SULLIVAN, GLADYS
3779 MISTY WAY
DESTIN, FL 32541

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
SULLIVAN, GLADYS
3779 MISTY WAY
DESTIN, FL 32541

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
000038167410
06/22/04--01069--001 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GLADYS SULLIVAN (850) 651-6436
6/11/2004

Daytime Phone #

FILED

04 JUN 21 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
66428971

