2006 FOR PROFIT CORPORATION

SIGNATURE:

FILED Mar 17, 2006 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT # P00000101372 03-01-2006 90033 016 ***150.00 1. Entity Name DRIVE AWAY, INC. Principal Place of Business Mailing Address 21962 104TH ST. LIVE OAK FL 32060 PO BOX 2165 LAKE CITY FL 32056 2. Principal Place of Business 3. Mailing Adgress Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3682344 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEVENS, MARK Street Address (P.O. Box Number is Not Acceptable) 21962 104TH ST. LIVE OAK FL 32060 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its register d office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable for lorida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete Chance ☐ Addition STEVENS, MARK NAME NAME STREET ADDRESS STREET ADDRESS 21962 104TH ST. CITY-ST-7/P LIVE OAK FL 32060 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ACCORPSS CITY-ST-ZIP CITY-ST-ZIP TITLE Colera TITLE - 🖸 Change - 🔲 Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detere TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Section 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 truese empeyered 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 time provided.



March 3, 2006

DRIVE AWAY, INC. PO BOX 2165 LAKE CITY, FL 32056

Subject: DRIVE AWAY, INC.

Reference Number:

P00000101372

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CJ ANNUAL REPORTS SECTION