2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State
04-01-2004 90021 016 ***150.00

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1. Entity Name
DARLINGS DEFENSIVE DRIVING SCHOOL OF FLORIDA, INC.

Principal Place of Business	Mailing Address
906 SE LAKEVIEW DR., STE. 110 SEBRING, FL 33870	906 SE LAKEVIEW DR., STE. 110 SEBRING, FL 33870

01302004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 03-039 2229 ~~NOT APPLICABLE~~ ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCGREW, JANE A
906 SE LAKEVIEW DR., STE. 110
SEBRING, FL 33870

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DARLING, MARK B 906 SE LAKEVIEW DR., STE. 110 SEBRING, FL 33870	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT/OWNER JANE A. MCGREW 906 S.E. LAKEVIEW DR SEBRING, FL. 33870	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUTLIN, RUTH 5094 WHISPERING PINES BLAIRSVILLE, GA 30512	☒ Delete	~~TITLE~~ NAME / ~~NAME~~ TITLE / STREET ADDRESS / CITY-ST-ZIP	DOROTHY W. LYONS SECRETARY 906 S.E. LAKEVIEW DR SEBRING, FL. 33870	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TROWELL, FELECIA 12268 117TH DR. LIVE OAK, FL 32060	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHIEF LAWRENCE D. RAY 906 S.E. LAKEVIEW DR SEBRING, FL. 33870	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 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 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: Jane A. McGrew JANE A. MCGREW 2/4/04 863-382-0083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Jane A. McGrew JANE A. MCGREW 3/29/04