

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000063205



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

Principal Place of Business

**1570 LAKEVIEW DR
SUITE 110
SEBRING, FL 33870**

Mailing Address

**1570 LAKEVIEW DR
SUITE 110
SEBRING, FL 33870**



01302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0392229

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
1570 LAKEVIEW DRIVE
SEBRING, FL 33870**

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME DARLING, MARK B
STREET ADDRESS 1570 LAKEVIEW DR
CITY-ST-ZIP SEBRING, FL 33870

TITLE PO
NAME MCGREW, JANE A
STREET ADDRESS 1570 LAKEVIEW DR
CITY-ST-ZIP SEBRING, FL 33870

TITLE D
NAME FOSTER, JEAN M
STREET ADDRESS 1570 LAKEVIEW DR
CITY-ST-ZIP SEBRING, FL 33870

TITLE C
NAME RAY, LAWRENCE D
STREET ADDRESS 1570 LAKEVIEW DR
CITY-ST-ZIP SEBRING, FL 33870

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000876058
04/11/08-80058-017 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 McGrew* **JANE MCGREW**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/08

Date

(863) 382-0083

Daytime Phone #