

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000054152

FILED
Apr 28, 2007
Secretary of State

Entity Name: DRIRITE OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

886 S DILLARD ST
WINTER GARDEN, FL 34787

New Principal Place of Business:

884 S DILLARD ST
WINTER GARDEN, FL 34787

Current Mailing Address:

886 S DILLARD ST
WINTER GARDEN, FL 34787

New Mailing Address:

884 S DILLARD ST
WINTER GARDEN, FL 34787

FEI Number: 03-0451158

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASMA, WILLIAM N P.A.
886 S DILLARD ST
WINTER GARDEN, FL 34787 US

Name and Address of New Registered Agent:

ASMA, WILLIAM N P.A.
884 S DILLARD ST
WINTER GARDEN, FL 34787 US

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: WILLIAM N ASMA

04/28/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: L'HOMMEDIEU, GILBERT S
Address: P.O. BOX 771503
City-St-Zip: WINTER GARDEN, FL 34777

Title: VP () Delete
Name: L'HOMMEDIEU, PATRICIA L
Address: P.O. BOX 771503
City-St-Zip: WINTER GARDEN, FL 34777

Title: VP () Delete
Name: LITTRELL, LARRY
Address: P.O. BOX 771503
City-St-Zip: WINTER GARDEN, FL 34777

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: GILBERT L'HOMMEDIEU

P

04/28/2007

Electronic Signature of Signing Officer or Director

Date