


2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

11 APR 29 PH 4: 39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|---|---|
| DOCUMENT # P02000060958 1. Entity Name FAITH DRIVING SCHOOL, INC. <i>Email: faithdrivingschool@yahoo.com</i> |  |
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|--|--|
| Principal Place of Business 109 SOUTH 6TH STREET SUITE 201 FLAGLER BH, FL 32136 US | Mailing Address 109 SOUTH 6TH STREET SUITE 201 FLAGLER BH, FL 32136 US |
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|---|---|
| 2. Principal Place of Business - No P.O. Box # 109 SOUTH 6TH STREET | 3. Mailing Address Suite, Apt. #, etc. SUITE 201 |
| City & State FLAGLER, BH. FL 32136 | City & State City & State FLAGLER, BH. FL 32136 |
| Zip 32136 | Country US |

04192011 Chg-P CR2E034 (11/08)

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|---|--|
| 4. FEI Number 30-0089588 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent PASQUAL, HUGH 109 SOUTH 6TH STREET FLAGLER BH, FL 32136 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold; font-size: 1.2em;">FL</div> 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's signature required when reinstating)

| | | |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2011 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
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| 10. OFFICERS AND DIRECTORS | |
|----------------------------|---|
| TITLE | PRESIDENT <input type="checkbox"/> Delete PASQUAL, HUGH 1 WESTGATE LANE PALM COAST, FL 32164 |
| TITLE | <input type="checkbox"/> Delete |
| TITLE | <input type="checkbox"/> Delete |
| TITLE | <input type="checkbox"/> Delete |
| TITLE | <input type="checkbox"/> Delete |
| TITLE | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *M. Pasqual* 4/27/11 386-447-2101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone #