

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 29, 2004 08:00 AM  
Secretary of State

DOCUMENT # P02000130596

1. Entity Name  
FLORIDA TRAFFIC & SAFETY SCHOOL, INC.



Principal Place of Business

3301 3RD AVE. N.  
SUITE B  
ST. PETERSBURG, FL 33713 US

Mailing Address

3301 3RD AVE. N.  
SUITE B  
ST. PETERSBURG, FL 33713 US



04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3430273

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

OLIVER, GLORIA N  
3301 3RD AVE. N.  
SUITE B  
ST. PETERSBURG, FL 33713

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ECUOTT, BARBARA
STREET ADDRESS	4250 GOLF CLUB LANE
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	VP
NAME	OLIVER, GLORIA N
STREET ADDRESS	4250 GOLF CLUB LANE
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

04/29/04-80090-007 150.00

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:

*Gloria N. Oliver*

GLORIA N. OLIVER

727 328 8488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #