

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000021525**

1. Entity Name  
OPEN CORRIDOR SCHOOLS, INC.



Principal Place of Business  
212 LAKEWOOD DRIVE  
BRADENTON, FL 34210 US

Mailing Address  
212 LAKEWOOD DRIVE  
BRADENTON, FL 34210 US



03012007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
51-0445910

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

DRISCOLL, CONSTANCE F  
212 LAKEWOOD DRIVE  
BRADENTON, FL 34210

**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, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE DPTS  
NAME DRISCOLL, CONTANCE F  
STREET ADDRESS 212 LAKEWOOD DRIVE  
CITY-ST-ZIP BRADENTON, FL 34210

TITLE D  
NAME DRISCOLL, MARIBETH  
STREET ADDRESS 212 LAKEWOOD DRIVE  
CITY-ST-ZIP BRADENTON, FL 34210

TITLE D  
NAME DRISCOLL, FRANCES  
STREET ADDRESS 212 LAKEWOOD DR  
CITY-ST-ZIP BRADENTON, FL 34210

TITLE D  
NAME THRELKELD, MARTHA  
STREET ADDRESS 212 LAKEWOOD DRIVE  
CITY-ST-ZIP BRADENTON, FL 34210

TITLE D  
NAME WADE, SARA  
STREET ADDRESS 212 LAKEWOOD DRIVE  
CITY-ST-ZIP BRADENTON, FL 34210

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000655411  
03/13/07-80107-002 150.00

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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 *Constance Driscoll*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-07 (941) 752-8087  
Date Daytime Phone #