

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90243 044 ***150.00

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DOCUMENT # P03000123937					
1. Entity Name ERROL CHARLTON DRIVING SCHOOL INC.					
Principal Place of Business 2331 N. STATE RD. 7, STE. 216A LAUDERHILL, FL 33313		Mailing Address 2331 N. STATE RD. 7, STE. 216A LAUDERHILL, FL 33313			
2. Principal Place of Business 3835 N. Andrews Ave		3. Mailing Address 3835 N Andrews Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Oakland Park		City & State Oakland Park		4. FEI Number 73-1680605	
Zip 33309		Country Broward		Applied For <input type="checkbox"/> Not Applicable	
Zip 33309		Country Broward		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHARLTON, ERROL B 1720 SW 41ST AVE. PLANTATION, FL 33317			7. Name and Address of New Registered Agent Name: Charlton, Errol B. Street Address (P.O. Box Number is Not Acceptable): 3931 NW 52 Avenue City: Lauderdale Lakes FL Zip Code: 33319		
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: Errol B Charlton P/D.				DATE: 4-5-05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$850.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. <input type="checkbox"/> Delete CHARLTON, ERROL B 1720 SW 41ST AVE. PLANTATION, FL 33317	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. <input type="checkbox"/> Change <input type="checkbox"/> Addition Charlton, Errol B 3931 NW 52 Avenue Lauderdale Lakes FL 33319		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input type="checkbox"/> Delete MILLS, CARLEAN A 1445 NW 56TH AVE. LAUDERHILL, FL 33313	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST D <input type="checkbox"/> Change <input type="checkbox"/> Addition Mills, Carlean A 3931 NW 52 Avenue Lauderdale Lakes, FL 33319		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: CARLEAN A MILLS				DATE: 4-5-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 954-562-8667	