


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000123937**  
 1. Entity Name  
**ERROL CHARLTON DRIVING SCHOOL INC.**



Principal Place of Business      Mailing Address  
**3835 N ANDREWS AVE**      **3835 N ANDREWS AVE**  
**OAKLAND PARK, FL 33309 US**      **OAKLAND PARK, FL 33309 US**

**DO NOT WRITE IN THIS SPACE**



03262006    No Chg-P    CRZE034 (11/05)

4. FEI Number      Applied For  
**73-1680605**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**CHARLTON, ERROL B**  
**3931 NW 52 AVE**  
**LAUDERDALE LAKES, FL 33319**

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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 150 A approve.      (NOTE: Registered Agent signature required when rechartering)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CHARLTON, ERROL B 3931 NW 52 AVE LAUDERDALE LAKES, FL 33319
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MILLS, CARLEAN A 3931 NW 52 AVE LAUDERDALE LAKES, FL 33319
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 04/21/06-80022-017 150.00

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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: Carlean A Mills      **CARLEAN A MILLS**      4-4-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #