


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-F 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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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 #