


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-25-2005 90045 036 ***150.00

DOCUMENT # P04000050558 1. Entity Name PRECISION DRIVING INSTITUTE INC.					
Principal Place of Business 1319 W. FLETCHER AVE. TAMPA, FL 33612			Mailing Address 1319 W. FLETCHER AVE. TAMPA, FL 33612		
2. Principal Place of Business 19016 Fern Meadow Loop		3. Mailing Address 19016 Fern Meadow Loop			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Lutz FL		City & State Lutz FL		4. FEI Number 77-0647450	
Zip 33558		Country HILLSBOROUGH		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent REDER, RANDALL O 1319 W. FLETCHER AVE. TAMPA, FL 33612			7. Name and Address of New Registered Agent Name ROD REAR Street Address (P.O. Box Number is Not Acceptable) 19016 Fern Meadow Loop City Lutz FL Zip Code 33558		
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 Rod Rear, President DATE 1-14-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restoring)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	PTD REDER, ROD 19016 FERN MEADOW LOOP LUTZ, FL 33558	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBERTS, CHERYL 2001 BRINSON RD. #401 LUTZ, FL 33558	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROUSSEAU, WILLIAM 9234 KINGSRIDGE DR. TEMPLE TERRACE, FL 33637	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: Rod Rear DATE 1-14-05 DAYTIME PHONE # 813.294.9152 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					