


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 15, 2006 8:00 am**  
**Secretary of State**

05-15-2006 90039 039 \*\*\*150.00

<b>DOCUMENT # P05000009443</b> 1. Entity Name GULF COAST DRIVING IMPROVEMENT SCHOOL, INC.					
Principal Place of Business 2629 CREIGHTON RD STE 5 PENSACOLA, FL 32504			Mailing Address 2629 CREIGHTON RD STE 5 PENSACOLA, FL 32504		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-2187819</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HUBEK, MARK J 2629 CREIGHTON RD STE 5 PENSACOLA, FL 32504 <div style="position: absolute; top: 0; right: 0; font-size: 2em; transform: rotate(-15deg); opacity: 0.5;">CORRECTION</div>				Name <b>HUBEK, MARK J.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2629 CREIGHTON RD</b> <b>Suite 5</b> City <b>PENSACOLA</b> FL <b>32504</b>	
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 <u><i>Mark J. Hubeck</i></u> DATE <u>11 May '06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HUBEK, MARK J 2629 CREIGHTON RD PENSACOLA, FL 32504	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PST</del> HUBEK, MARK J. 2629 CREIGHTON RD #5 PENSACOLA FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/TREAS HUBEK, MARIE 2629 CREIGHTON RD #5 PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 <u><i>Mark J. Hubeck</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>11 May '06</u> <small>Daytime Phone #</small>	