## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## May 08, 2006 8:00 am Secretary of State 05-08-2006 90287 037 \*\*\*558.75 DOCUMENT # P05000073831 ROADMASTER DRIVERS SCHOOL OF WEST MEMPHIS. INC. 40087388 Principal Place of Business Mailing Address 1515 NORTH INGRAM BLVD **5411 W TYSON AVENUE** WEST MEMPHIS, AR 72301 TAMPA, FL 33611 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05022006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 又. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KEARNEY, JOHN E Street Address (P.O. Box Number is Not Acceptable) 5411 W TYSON AVENUE TAMPA, FL 33611 City Zip Code FL 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Due by September 6, 2006 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition NAME TOMION, JON NAME 5411 W TSON AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIF TAMPA, FL 33611 CITY-ST-ZIP TITLE CFO Delete ☐ Change ☐ Addition KEARNEY, JOHN E SR NAME NAME STREET ADDRESS 5411 WEST TYSON AVENUE STREET ADDRESS TAMPA, FL 33611 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition MCCLOY, ALFRED NAME NAME 5411 W TYSON AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33611 CiTY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition KEARNEY, JOHN E JR. NAME NAME

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.

STREET ADDRESS

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CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE.

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

5411 WEST TYSON AVE

TAMPA, FL 33611

٤. PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

☐ Change

Change

☐ Addition

☐ Addition

FILED