

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P05000093037**

1. Entity Name  
COVER ALL DRIVERS, INC.



Principal Place of Business  
3835 B N 50TH STREET  
TAMPA, FL 33619

Mailing Address  
3835 B N 50TH STREET  
TAMPA, FL 33619

**FILED  
Apr 05, 2007 8:00 am  
Secretary of State**

04-05-2007 90136 023 \*\*\*150.00



**DO NOT WRITE IN THIS SPACE**

03202007 No Chg-P CR2E034 (11/05)

4. FEI Number 25-1920882	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RICCHINO, LAURA  
25410 OAKS BLVD  
LAND O'LAKES, FL 34639

**DO NOT WRITE  
IN THIS SPACE**

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 filing FPC)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RICCHINO, LAURA
STREET ADDRESS	25410 OAKS BLVD
CITY-ST-ZIP	LAND O'LAKES, FL 34639

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:** *Lauree Beechino*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*President/CEO*

4/3/07

Daytime Phone #