


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000113561 1. Entity Name ROADMASTER DRIVERS SCHOOL OF INDIANA, INC.	
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Principal Place of Business 5411 W TYSON AVENUE TAMPA, FL 33611	Mailing Address 5411 W TYSON AVENUE TAMPA, FL 33611
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DO NOT WRITE IN THIS SPACE



01162008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3305822	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KEARNEY, JOHN E 5411 W TYSON AVENUE TAMPA, FL 33611
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000874307 04/10/08-80113-009 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	CH,P KEARNEY, JOHN E 5411 W TYSON AVENUE TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D,VP KEARNEY, JOHN E JR 5411 W TYSON AVENUE TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D TOMION, JON 5411 W TYSON AVENUE TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D MCCLOY, ALFRED 5411 W TYSON AVENUE TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST- ZIP	S,T KEARNEY, JOHN E JR 5411 W TYSON AVENUE TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

**DO NOT WRITE
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.
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SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 1-17-08	Daytime Phone # (813)831-4490
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John E. Kearney, President