2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000008741

1. Entity Name
FLORIDA PROVIDERS FOR TRAFFIC SAFETY, INC.

FILED
07 MAR -9 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
9009 MAHAN DRIVE SUITE 501 TALLAHASSEE, FL 32309 US	9009 MAHAN DRIVE SUITE 501 TALLAHASSEE, FL 32309 US

03072007 Chg-P CR2E034 (12/06) 07

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CASSIDY, BART W 9009 MAHAN DRIVE SUITE 501 TALLAHASSEE, FL 32309	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CASSIDY, BART W 9009 MAHAN DRIVE SUITE 501 TALLAHASSEE, FL 32309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P C. SUE HOLLEY 1725 ART MUSEUM DR JACKSONVILLE, FL 32207	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SWIGART, JOHN 9009 MAHAN DRIVE SUITE 501 TALLAHASSEE, FL 32309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V THOMAS GUILMET 427 N PRIMROSE DR ORLANDO, FL 32803	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CASSIDY, BART P 9009 MAHAN DRIVE SUITE 501 TALLAHASSEE, FL 32309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CARY QUINONES 1850 LEE RD, STE 122 WINTER PARK, FL 32789	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JOHN SWIGART 3092 ALOMA AVE, STE 205 WINTER PARK, FL 32792	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Sue Holley C. Sue Holley 3/7/07 (904) 399-3119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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03/12/07--01017--018 **150.00