## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 19, 2004 8:00 am Secretary of State 02-19-2004 90008 030 \*\*\*150.00

DOCUMENT # P9400003623  1. Entity Name A MID-FLORIDA DRIVER IMPROVEMENT SCHOOL, INC.						02 17 200 17		,
Principal Place	e of Business	Mailing Address					_	,
6328 SE CED BELLEVIEW, 1		PO BOX 3957 BELLEVIEW, FL 34421	US				5400	8121
A D4-1-1-1-		T = 17						
5725	tace of Business SE Abshier Blyd.	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01302004	Chg-P	CR2E034 (10/03)	
City & State		City & State			4. FEI Numb			pplied For lot Applicable
34420	Country	Zip	Coun	try		of Status Desired	S8.75 Ac	Iditional
	6. Name and Address of Current	Registered Agent		*****	7Namo and	Address of New Rec	gistered Agent -	3
SWOAP, ROGER L 6328 SE CEDAR ROAD BELLEVIEW, FL 34420				Name Katherne R. Rasnick Street Address (P.O. Box Number is Not Acceptable) 5725 SE Abshier Blvd				
				City 0	elleuren		FL Zip Cod	
The above named entity submits this statement for the purpose of changing its registered office or registere the obligations of registered agent.						th, in the State of Flori		47.14
SIGNATURE_	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registere	d Agent signature re	quired when reinstating)		DATE	:
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees							1	
10.	OFFICERS AND	<del></del>	11.		ADDITIONS,	CHANGES TO OFFIC		
NAME STREET ADDRESS CITY-ST-ZIP	P SWOAP, ROGER L 6328 SE CEDAR ROAD BELLEVIEW, FL 34420	☐ Delete		E K ET AODRESS 5	latherine R. 725 SE Abs	Rasnick shier Blvd. L 34420	Change	Addition
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NAME STREET ADDRESS	David Rasnick Rd 6328 SE cedar Rd	7~~~		ـ ا ـ	over L. Swi 348 SE Ced	NY KOOD	•	1 1
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.								