

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90395 029 ***158.75

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1. Entity Name
TRUCK DRIVER INSTITUTE OF FLORIDA, INC.

Principal Place of Business Mailing Address
3700 ST JOHN'S PKWY P.O. BOX 1599
SANFORD, FL 32771 US MURFREESBORO, TN 37133-1599

50007842



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01102006 Chg-P CR2E034 (11/05)

City & State City & State

4. FEI Number Applied For
59-3261525 Not Applicable

Zip Country Zip Country

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

HATHAWAY, FRANK J
902 WATERWAY PLACE
LONGWOOD, FL 32750

Name **BELINDA DE JESUS**
 Street Address (P.O. Box Number is Not Acceptable)
3700 ST JOHN PARKWAY
 City **SANFORD** FL Zip Code **32771**

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 *Belinda de Jesus*

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PTD	<input type="checkbox"/> Delete
NAME	GAST, THOMAS J	
STREET ADDRESS	116 BIG SPRINGS ROAD	
CITY-ST-ZIP	BELL BUCKLE, TN 37020	
TITLE	S	<input type="checkbox"/> Delete
NAME	FOX, ELIZABETH A	
STREET ADDRESS	6201 EPPS MILL ROAD	
CITY-ST-ZIP	CHRISTIANA, TN 37037	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 reports 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 the links empowered.

SIGNATURE: *Chyrl H. G. P.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/06
 Date

615 9487381
 Daytime Phone #