## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000058652

Entity Name: TRUCK DRIVER INSTITUTE OF FLORIDA, INC.

FILED Jan 18, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3700 ST JOHN'S PKWY SANFORD, FL 32771 **Current Mailing Address: New Mailing Address:** P.O. BOX 1599 MURFREESBORO, TN 371331599 FEI Number: 59-3261525 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DE JESUS, BELINDA 3700 ST JOHN PARKWAY SANFORD, FL 32771 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition GAST, THOMAS J Name: Name: 6201 EPPS MILL RD Address: Address: City-St-Zip: CHRISTIANA, TN 37037 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition Name: FOX. ELIZABETH A Name: FOX GAST, ELIZABETH 6201 EPPS MILL ROAD Address: 6201 EPPS MILL ROAD Address: CHRISTIANA, TN 37037 CHRISTIANA, TN 37037 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH FOX GAST SEC 01/18/2009