

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000058652

**FILED**  
**Jan 19, 2010**  
**Secretary of State**

**Entity Name:** TRUCK DRIVER INSTITUTE OF FLORIDA, INC.

**Current Principal Place of Business:**

3700 ST JOHN'S PKWY  
SANFORD, FL 32771 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1599  
MURFREESBORO, TN 371331599

**New Mailing Address:**

**FEI Number:** 59-3261525      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DE JESUS, BELINDA  
3700 ST JOHN PARKWAY  
SANFORD, FL 32771 US

**Name and Address of New Registered Agent:**

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:**

Title: PTD  
Name: GAST, THOMAS J  
Address: 6201 EPPS MILL RD  
City-St-Zip: CHRISTIANA, TN 37037

Title: S  
Name: FOX GAST, ELIZABETH  
Address: 6201 EPPS MILL ROAD  
City-St-Zip: CHRISTIANA, TN 37037

I hereby 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 all other like empowered.

SIGNATURE: ELIZABETH FOX GAST

SEC

01/19/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date