2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000008190 1. Entity Name PROFESSIONAL DRIVERS, INC.		Jan 09, 2006 08:00 AM Secretary of State
Principal Place of Business Mailing Address 804 LAKE ELBERT COURT N.E. P O BOX 7597 WINTER HAVEN, FL 33881 WINTER HAVEN, FL 33883	US	
DO NOT WRITE IN THIS SPA	\CE	01062006 No Chg-P CR2E034 (11/05) 4. FEI Number
6. Name and Address of Current Registered Agent JESSEE, ROBERT 804 LAKE ELBERT COURT N.E. WINTER HAVEN, FL 33881		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its regis the obligations of registered agent. SIGNATURE Signature, typed or primed name of registered agent and title 1 applicable. (NOTE: Registered agent and title 1 applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Prust Fund Contribution.	tered Agent signature requirer	
TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP D NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS NAME STREET ADDRESS D OFFICERS AND DIRECTORS 804 LAKE ELBERT COURT, N.E. WINTER HAVEN, FL 33881 TITLE NAME STREET ADDRESS		Un00000379109 01/10/06-80007-023 150.00 DO NOT WRITE
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS		IN THIS SPACE

FILED.

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 direction 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 changed, or on an attachment with an address, with all other like empowered.

CICHATIDE