

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90072 015 \*\*\*150.00

**DOCUMENT # P95000095783**



1. Entity Name

**NORTH FLORIDA TRAFFIC SCHOOL, INC.**

**50018136**



1st MOORE

CR2E034 (10/04)

Principal Place of Business

**3436 BCH BLVD  
JACKSONVILLE FL 32207  
US**

Mailing Address

**3428 #1 BEACH BLVD.  
JACKSONVILLE FL 32207  
US**

2. Principal Place of Business

**3428-1 Beach Blvd**  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Jacksonville, FL**  
Zip **32207** Country **USA**

City & State

Zip

Country

4. FEI Number

**59-3379525**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CARROLL, LORRAINE  
3436 BEACH BLVD  
JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name **Lorraine Carroll**

Street Address (P.O. Box Number is Not Acceptable)

**3428-1 Beach Blvd.**

**Jacksonville, FL**

City

**FL**

Zip Code

**32207**

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

**Lorraine Carroll (same agent - address change) 1-24-05**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **FARMAND, GINA S**  
STREET ADDRESS **4221 SAN SERVERA DR N**  
CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE **P** ☐ Delete  
NAME **CARROLL, LORRAINE A**  
STREET ADDRESS **4013 JEBB ISLAND CIRCLE EAST**  
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

**Lorraine Carroll Lorraine Carroll 1-24-05 904-641-4410**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #