


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000000829 1. Entity Name THE DRISCOLL GROUP, INC.	
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Principal Place of Business 8825 PERIMETER PARK BLVD SUITE 604 JACKSONVILLE, FL 32216 US	Mailing Address 8825 PERIMETER PARK BLVD SUITE 604 JACKSONVILLE, FL 32216 US
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DO NOT WRITE IN THIS SPACE



02042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3355139	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DRISCOLL, KEVIN
 8825 PERIMETER PARK BLVD
 SUITE 604
 JACKSONVILLE, FL 32216

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DRISCOLL, KEVIN I 8175 SUMMIT RIDGE LANE JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRISCOLL, CATHERINE U 8175 SUMMIT RIDGE LANE JACKSONVILLE, FL 32256
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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 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:  Kevin Driscoll 2.4.07 904.620.9993
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #