

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90157 025 ***158.75

DOCUMENT # P96000087349

1. Entity Name

AAA BUDGET DRIVING SCHOOL, INC.



Principal Place of Business

555 SW 12 AVE.
202
POMPANO BEACH FL 33069

Mailing Address

12945 STONEBROOK DR.
DAVIE FL 33330



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

12585 S. Winners Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

Davie

FL

4. FEI Number

65-0737647

Applied For

Not Applicable

Zip

Country

Zip

33330

Country

Broward

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FARABAUGH, TAMMY
~~12945 STONEBROOK DRIVE~~
DAVIE FL 33330

Name

Same

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

12585 S. Winners Circle

City

Davie

FL

Zip Code

33330

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

Tammy Farabaugh

4-15-08

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME FARABAUGH, TAMMY
STREET ADDRESS ~~12945 STONEBROOK DRIVE~~ 12585 S. winners
CITY-ST-ZIP DAVIE FL 33330 circle

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Tammy Farabaugh

4-15-08

(954) 424-3334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #