2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000074511

1. Entity Name
AAA PLUS DRIVERS EDUCATION SCHOOL AND SAFETY PROGRAMS, INC.

Principal Place of Business	Mailing Address
10608 LICENSE LN. PT. RICHEY, FL 34668	10608 LICENSE LN. PT. RICHEY, FL 34668

01202006 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-3466638
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALES, LARRY J
2739 US HWY 19
STE 223
HOLIDAY, FL 34691

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MINGARI, URSULA
STREET ADDRESS	10608 LICENSE LN.
CITY-ST-ZIP	PT. RICHEY, FL 34668
TITLE	D
NAME	RUSSO, MICHAEL
STREET ADDRESS	10608 LICENSE LN.
CITY-ST-ZIP	PT. RICHEY, FL 34668
TITLE	D
NAME	RUSSO, ANGELA
STREET ADDRESS	10608 LICENSE LN.
CITY-ST-ZIP	PT. RICHEY, FL 34668
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/31/06-80005-007 150.00

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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: Ursula Mingari 3/16/06 7077869955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #