# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2004 8:00 am**
**Secretary of State**
04-30-2004 90350 032 ***158.75

DOCUMENT # P97000082382

1. Entity Name
ROADMASTER DRIVERS SCHOOL OF JACKSONVILLE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5411 WEST TYSON AVENUE<br>TAMPA, FL 33611 | 5411 WEST TYSON AVENUE<br>TAMPA, FL 33611 |

**DO NOT WRITE IN THIS SPACE**

04222004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3477475
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KEARNEY, JOHN E SR
5411 WEST TYSON AVENUE
TAMPA, FL 33611

**DO NOT WRITE IN THIS SPACE**

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 _____
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, 2004 Fee will be $550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | CD |
| NAME | TOMION, JON C |
| STREET ADDRESS | 8310 W GULF BLVD |
| CITY-ST-ZIP | TRASURE ISLAND, FL |
| TITLE | D |
| NAME | MCCLOY, ALFRED A |
| STREET ADDRESS | 5411 W TYSON AVE |
| CITY-ST-ZIP | TAMPA, FL |
| TITLE | VST Director |
| NAME | KEARNEY, JOHN E JR |
| STREET ADDRESS | 5411 W TYSON AVE |
| CITY-ST-ZIP | TAMPA, FL 33611 |
| TITLE | VP |
| NAME | MCCLOY, ALFRED G |
| STREET ADDRESS | 5411 W TYSON AVE |
| CITY-ST-ZIP | TAMPA, FL 33611 |
| TITLE | CAT / President / Director |
| NAME | KEARNEY, JOHN E |
| STREET ADDRESS | 5411 WEST TYSON AVENUE |
| CITY-ST-ZIP | TAMPA, FL 33611 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:** Jon E. T. as V.P. John E. Kearney 4/26/2004 813-831-4490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #