

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000082382

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



Principal Place of Business
5411 WEST TYSON AVENUE
TAMPA, FL 33611

Mailing Address
5411 WEST TYSON AVENUE
TAMPA, FL 33611



02162007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3477475

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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 reissuing)

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	CD
NAME	TOMION, JON C
STREET ADDRESS	8310 W GULF BLVD
CITY-STATE-ZIP	TRASURE ISLAND, FL
TITLE	D
NAME	MCCLOY, ALFRED A
STREET ADDRESS	5411 W TYSON AVE
CITY-STATE-ZIP	TAMPA, FL
TITLE	VSTD
NAME	KEARNEY, JOHN E JR
STREET ADDRESS	5411 W TYSON AVE
CITY-STATE-ZIP	TAMPA, FL 33611
TITLE	PD
NAME	KEARNEY, JOHN E
STREET ADDRESS	5411 WEST TYSON AVENUE
CITY-STATE-ZIP	TAMPA, FL 33611
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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03/29/07-80080-020 158.75

**DO NOT WRITE
IN THIS SPACE**

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:

John E Kearney Jr

2/19/2007

(813) 831-4490 x 231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #