2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000034375

1. Entity Name
DRIVER MOWER SERVICES, INCORPORATED

Principal Place of Business	Mailing Address
601 U.S. HIGHWAY 331 S. DEFUNIAK SPRINGS, FL 32435	601 U.S. HIGHWAY 331 S. DEFUNIAK SPRINGS, FL 32435

DO NOT WRITE IN THIS SPACE

01152007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3614696

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DRIVER, MARTHA
601 U.S. HIGHWAY 331 S.
DEFUNIAK SPRINGS, FL 32435

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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, 2007 Fee will be $550.00

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

000000590461
01/18/07-80056-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DRIVER, MARTHA
STREET ADDRESS	601 U.S. HIGHWAY 331 S.
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435
TITLE	VP
NAME	DRIVER, ROGER
STREET ADDRESS	1436 SPRING LAKE ROAD
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433
TITLE	VP
NAME	DRIVER, HOWARD
STREET ADDRESS	601 US HWY 331 SOUTH
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435
TITLE	S&T
NAME	STOVALL, LYNETTE
STREET ADDRESS	606 COUNTY HWY 183 N
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: Martha Driver 1-15-2007 850-892-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #