

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000034375

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: DRIVER MOWER SERVICES, INCORPORATED

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-3614696      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DRIVER, MARTHA  
Address: 601 U.S. HIGHWAY 331 S.  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: VP ( ) Delete  
Name: DRIVER, ROGER  
Address: 1436 SPRING LAKE ROAD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: VP ( ) Delete  
Name: DRIVER, HOWARD  
Address: 601 US HWY 331 SOUTH  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: S&T ( ) Delete  
Name: STOVALL, LYNETTE  
Address: 606 COUNTY HWY 183 N  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTHA DRIVER

P

04/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date