

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000039772

Entity Name: FLORIDA CDL SCHOOL, INC.

FILED  
Mar 17, 2004  
Secretary of State

## Current Principal Place of Business:

3470 NW 57 TRAIL  
BELL, FL 32619

## New Principal Place of Business:

## Current Mailing Address:

3470 NW 57 TRAIL  
BELL, FL 32619

## New Mailing Address:

FEI Number: 59-3586808

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PHILMAN, LINDA  
3470 NW 57TH TRAIL  
BELL, FL 32619

## 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: D ( ) Delete  
Name: PHILMAN, KEITH  
Address: 3340 NW 57TH TRAIL  
City-St-Zip: BELL, FL 32619

Title: D ( ) Delete  
Name: PHILMAN, I.J.  
Address: 3090 NW 57TH TRAIL  
City-St-Zip: BELL, FL 32619

Title: S ( ) Delete  
Name: PHILMAN, LINDA  
Address: 3340 NW 57 TRAIL  
City-St-Zip: BELL, FL 32619

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition  
Name: PHILMAN, LINDA  
Address: 3340 NW 57TH TRAIL  
City-St-Zip: BELL, FL 32619

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LINDA F. PHILMAN

S

03/17/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date