


**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90345 047 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # V52189</b> 1. Entity Name DEFENSIVE DRIVING SCHOOL OF FLORIDA, INC.						
Principal Place of Business 294 AVENUE A, N.W. WINTER HAVEN, FL 33881 US		Mailing Address 294 AVENUE A, N.W. WINTER HAVEN, FL 33881 US				
2. Principal Place of Business <i>7268 Bryce Point</i>		3. Mailing Address <i>7268 Bryce Point</i>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State <i>Pinellas Park, FL</i>		City & State <i>Pinellas Park, FL</i>		4. FEI Number 59-3135252		
Zip <i>33782</i>		Country <i>USA</i>		Applied For <input type="checkbox"/> Not Applicable		
Zip <i>33782</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  MERCER, SHIRLEY 2131 EDGEWATER CIRCLE WINTER HAVEN, FL 33880			7. Name and Address of New Registered Agent Name <i>SHIRLEY MERCER</i> Street Address (P.O. Box Number is Not Acceptable) <i>7268 BRYCE POINT</i> <i>PINELLAS PARK</i> City <i>PINELLAS PARK</i> FL Zip Code <i>33782</i>			
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 <i>Shirley Mercer Shirley MERCER President</i> DATE <i>4/12/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MERCER, SHIRLEY 2518 PARTRIDGE DRIVE WINTER HAVEN, FL 33884		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MERCER, SHIRLEY 7268 BRYCE POINT PINELLAS PARK FL 33782	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <i>Shirley Mercer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <i>4/12/05</i> DAYTIME PHONE # <i>727 545 5700</i>		

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03222005 Chg-P CR2E034 (10/03)