

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # V52189
1. Entity Name
DEFENSIVE DRIVING SCHOOL OF FLORIDA, INC.



Principal Place of Business Mailing Address
7268 BRYCE POINT 7268 BRYCE POINT
PINELLAS PARK, FL 33782 US PINELLAS PARK, FL 33782 US

DO NOT WRITE IN THIS SPACE



02012008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-3135252 Not Applicable

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

6. Name and Address of Current Registered Agent
**MERCER, SHIRLEY
7268 BRYCE POINT
PINELLAS PARK, FL 33782**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reissuing)

FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees

UN0000421790
02/16/06-00043-024 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST MERCER, SHIRLEY 7268 BRYCE POINT PINELLAS PARK, FL 33782
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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 files empowered.

SIGNATURE: *Shirley Mercer* *Shirley MERCER* 2-1-06 727 545-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #