


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90096 036 \*\*\*158.75

**DOCUMENT # G79652**

1. Entity Name  
**E.C. DRIVER & ASSOCIATES, INC.**



Principal Place of Business      Mailing Address

**150 E PALMETTO PARK RD.  
 STE. 400  
 BOCA RATON, FL 33432**

**600 MONTGOMERY STREET  
 25TH FLOOR  
 SAN FRANCISCO, CA 94111    US**

**40014739**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

02062007    Chg-P    CR2E034 (12/06)

City & State      City & State

4. FEI Number      Applied For

**59-2375705**      Not Applicable

Zip      Country      Zip      Country

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

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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

**10. OFFICERS AND DIRECTORS**

TITLE	VP	<input type="checkbox"/> Delete
NAME	MILLER, HUGH	
STREET ADDRESS	3676 HARTSFIELD RD.	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	P	<input type="checkbox"/> Delete
NAME	ECHAGARRUA, MARIO	
STREET ADDRESS	150 E. PALMETTO PARK ROAD	
CITY-ST-ZIP	TALLAHASSEE, FL 33432	
TITLE	D	<input type="checkbox"/> Delete
NAME	JANDEGIAN, GARY Y	
STREET ADDRESS	600 MONTGOMERY ST., 25TH FLR.	
CITY-ST-ZIP	SAN FRANCISCO, CA 94111	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BRUMMERSTEDT, CAROL	
STREET ADDRESS	600 MONTGOMERY ST., 25TH FLR.	
CITY-ST-ZIP	SAN FRANCISCO, CA 94111	
TITLE	V	<input type="checkbox"/> Delete
NAME	MALDONADO, LUIS	
STREET ADDRESS	7119 BEECH RIDGE TRAIL	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	V	<input type="checkbox"/> Delete
NAME	COSTA, LUIS A.	
STREET ADDRESS	150 EAST PALMETTO PARK RD., SUITE 400	
CITY-ST-ZIP	BOCA RATON, FL 33432	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7119 BEECH RIDGE TRAIL	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, KRISTIN L.	
STREET ADDRESS	600 MONTGOMERY STREET, 25th FLOOR	
CITY-ST-ZIP	SAN FRANCISCO, CA 94111	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Kristin L. Jones*    **KRISTIN L. JONES, SECRETARY**    2.6.07    415.774.2700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

**ATTACHMENT**  
**40014739**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VICFO/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, H. THOMAS	NAME	
STREET ADDRESS	600 Montgomery Street, 25th Floor	STREET ADDRESS	
CITY-ST-ZIP	San Francisco, CA 94111	CITY-ST-ZIP	
TITLE	D/V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASTERS, JOSEPH	NAME	
STREET ADDRESS	600 Montgomery Street, 25th Floor	STREET ADDRESS	
CITY-ST-ZIP	San Francisco, CA 94111	CITY-ST-ZIP	
TITLE	SrV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLEN, ROBERT M.	NAME	
STREET ADDRESS	7650 W. Courtney Campbell Causeway	STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33607	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, JAMES	NAME	
STREET ADDRESS	7119 Beech Ridge Trail	STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 32312	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTA, LUIS A.	NAME	
STREET ADDRESS	150 E. Palmetto Park Road	STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 33432	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALDONADO, LUIS E.	NAME	
STREET ADDRESS	7119 Beech Ridge Trail	STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 32312	CITY-ST-ZIP	
TITLE	V/T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODGERS, JUDY	NAME	
STREET ADDRESS	600 Montgomery Street, 25th Floor	STREET ADDRESS	
CITY-ST-ZIP	San Francisco, CA 94111	CITY-ST-ZIP	
TITLE	SrV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEAHY, MARTIN	NAME	
STREET ADDRESS	600 Montgomery Street, 25th Floor	STREET ADDRESS	
CITY-ST-ZIP	San Francisco, CA 94111	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	COFFMAN, EVELYN V.
STREET ADDRESS		STREET ADDRESS	600 Montgomery Street, 25th Floor
CITY-ST-ZIP		CITY-ST-ZIP	San Francisco, CA 94111