

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR -6 PM 1:14



DOCUMENT # P95000022182 1. Entity Name VOL-CAR, INC.	
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Principal Place of Business 1883-B CAPITAL CIRCLE NE TALLAHASSEE, FL 32308	Mailing Address 1883-B CAPITAL CIRCLE NE TALLAHASSEE, FL 32308
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04052004	Chg-P	CR2E034 (10/03)	<i>MRS</i>
4. FEI Number 59-3302317		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	



6. Name and Address of Current Registered Agent BUCHANAN, PATTI 5036 VALLEY FARM ROAD TALLAHASSEE, FL 32303	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PDTS <input type="checkbox"/> Delete	TITLE	Pres. & V. Pres. & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHANAN, CHARLES E	NAME	Buchanan, Charles E.
STREET ADDRESS	5036 VALLEY FARM RD	STREET ADDRESS	5036 Valley Farm Rd.
CITY-ST-ZIP	TALLAHASSEE, FL 32303	CITY-ST-ZIP	TALL. FL 32303
TITLE	<input type="checkbox"/> Delete	TITLE	Sec. & Tres. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	HOBKIRK, Annette
STREET ADDRESS		STREET ADDRESS	1874 Log Ridge Trl.
CITY-ST-ZIP		CITY-ST-ZIP	TALL. FL 32312
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	900032003689
STREET ADDRESS		STREET ADDRESS	04/06/04--01064--003 **202.50
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Charles E. Buchanan 4/5/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #