2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 186979

1. Entity Name
AMERICAN TRUCK RENTAL CORPORATION

Principal Place of Business	Mailing Address
1805 CROWN WAY PO BOX 7126 ORLANDO, FL 32804	PO BOX 7126 ORLANDO, FL 32854-7126

DO NOT WRITE IN THIS SPACE

04162004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-0831960	Not Applicable

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

6. Name and Address of Current Registered Agent

COULANTES,N
1805 CROWN WAY
ORLANDO, FL 32804

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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 _____

Signature, typed or printed name of registered agent and title if applicable   (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. ☐ $5.00 May Be Added to Fees

U00000131257
04/26/04-00140-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COULANTES,N
STREET ADDRESS	1805 CROWN WAY
CITY-ST-ZIP	ORLANDO, FL

TITLE	STD
NAME	WHEELER, C J
STREET ADDRESS	1805 CROWN WAY
CITY-ST-ZIP	ORLANDO, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: _C. James Wheeler, Secty_   _4/19/04_   _407-841-4182_

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