2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# 471669

Entity Name: SEBRING LEASING & RENT-A-CAR, INC.

Current Principal Place of Business:

501 PARK STREET
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1824
SEBRING, FL 33871

New Mailing Address:

FEI Number: 59-1579872 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLACKMAN, J TIMOTHY
501 PARK STREET
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BLACKMAN, J TIMOTHY,
Address: 6601 SPARTA ROAD
City-St-Zip: SEBRING, FL 33875

Title: VD ( ) Delete
Name: BLACKMAN, GARY,
Address: 2700 LOST BALL DR.
City-St-Zip: SEBRING, FL 33872

Title: ST (X) Delete
Name: SANDERS, MILDRED J
Address: 4905 GARLAND AVE
City-St-Zip: SEBRING, FL 33875

Title: ST (X) Delete
Name: SANDERSS, MILDRED
Address: 1213 GARLAND AVE
City-St-Zip: SEBRING, FL 338751314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VSTD (X) Change ( ) Addition
Name: BLACKMAN, GARY W.,
Address: 2700 LOST BALL DR.
City-St-Zip: SEBRING, FL 33872

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. TIMOTHY BLACKMAN PD 04/22/2008

Electronic Signature of Signing Officer or Director — Date