

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000003409

FILED
Apr 25, 2008
Secretary of State

Entity Name: AUTO RENTAL RESOURCE CENTER, INC.

Current Principal Place of Business:

P.O. BOX 5910
CAREFREE, AZ 85377 US

New Principal Place of Business:

7502 E. PINNACLE PEAK STE B210
SCOTTSDALE, AZ 85255 US

Current Mailing Address:

P.O. BOX 5910
CAREFREE, AZ 85377 US

New Mailing Address:

P.O. BOX 26000
SCOTTSDALE, AZ 85255 US

FEI Number: 71-0736187

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CCOB () Delete
Name: MCDONNELL, THOMAS P III
Address: 4780 I 55 N,STE 300
City-St-Zip: JACKSON, MS 39211 US

Title: S () Delete
Name: MOORE, O. KENDALL
Address: 4780 I 55 NORTH STE 300
City-St-Zip: JACKSON, MS 39211

Title: CCEO () Delete
Name: MILLER, SANFORD
Address: 444 SEABREEZE BLVD, STE 1002
City-St-Zip: DAYTONA BEACH, FL 32118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: THOMAS P MCDONNELL III

CCOB

04/25/2008

Electronic Signature of Signing Officer or Director

Date