

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90029 038 ***550.00

DOCUMENT # F99000005763

1. Entity Name
CAPPS RENT-A-CAR, INC.



Principal Place of Business
8555 JOHN CARPENTER FWY
DALLAS, TX 75247

Mailing Address
8555 JOHN CARPENTER FWY
DALLAS, TX 75247

54061813



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number
75-1165827

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CAPPS, DAVID E 8555 JOHN CARPENTER FREEWAY DALLAS, TX 75247
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP COX, DAVID 8555 JOHN CARPENTER FWY DALLAS, TX 75247
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAWNEE, KEN 8555 JOHN CARPENTER FWY DALLAS, TX 75247
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T BRADDOCK, SANDRA SANDRA R. BRADDOCK 8555 JOHN CARPENTER FWY DALLAS, TX 75247

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-1-04 214-630-6300