
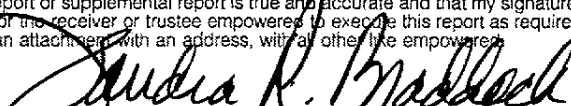


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 27, 2006 08:00 AM
Secretary of State

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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 75-1165827	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div style="width: 35%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> \$5.00 May Be Added to Fees </div> <div style="width: 50%;"> 10. OFFICERS AND DIRECTORS </div> </div>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			PSD CAPPS, DAVID E 8555 JOHN CARPENTER FREEWAY DALLAS TX 75247 <input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DVP COX, DAVID 8555 JOHN CARPENTER FWY DALLAS TX 75247 <input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			VP MAWNEE, KEN 8555 JOHN CARPENTER FWY DALLAS TX 75247 <input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			S/T BRADDOCK, SANDRA R 8555 JOHN CARPENTER FWY DALLAS TX 75247 <input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: right; margin-top: 10px;"> 1100000448578 03/09/06-80015-020 150.00 </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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					



1st MOORE

CR2E034 (10/05)

FL

Zip Code

2-23-06 214-630-6300