2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # G54835

1. Entity Name

KEY CAR RENTAL, INC.

FILED Mar 29, 2004 08:00 AM Secretary of State

Principal Place of Business

5325 14TH ST W

BRADENTON, FL 34207-3307

Mailing Address

5325 14TH ST W

BRADENTON, FL 34207-3307



No Cha-P

CR2E034 (10/03)

4. FEI Number 65-0050416 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

HOAGLAND, GEORGE M. S 5325 14TH ST. W. BRADENTON, FL 34207

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B. 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 rehistating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution.	, 0	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	P				
name	HOAGLAND, GEORGE M SR				
STREET ADDRESS	5325 14TH ST W				
CSTY - ST - 712	SPADENTON FI				

TITLE PHOAGLAND, GEORGE M SR

STREET ADDRESS

GTY-ST-ZIP BRADENTON, FL

TITLE V

MAME HOAGLAND, GEORGE M., JR

STREET ADDRESS

GTY-ST-ZIP BRADENTON, FL

TITLE ST

MAME HOAGLAND, MARY JO

STREET ADDRESS

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12. I hereby certify that the information supplied with this filling 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:

TITLE
NAME
STREET ADDRESS
CRY-ST-ZIP
TITLE

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE M. HOAGLAND, JR. VP

3/25/04

941-756-9544

Daytime Phone #