


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # J50758	
1. Entity Name S & S EXPRESS CAR RENTAL, INC.	

Principal Place of Business 6799 N ATLANTIC AVE CAPE CANAVERAL, FL 32920 US	Mailing Address 400 HIGH POINT DRIVE SUITE 500 COCOA, FL 32926 US
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2751751	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SHERIFF, F. A.
400 HIGH POINT DRIVE, SUITE #500
COCOA, FL 32926**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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	P SHERIFF, F. A. 400 HIGH POINT DRIVE COCOA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SIMPKINS, B. W. 400 HIGH POINT DRIVE COCOA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VANI, THOMAS A 400 HIGH POINT AVE. COCOA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPGM HARBER, WILLIAM L 400 HIGH POINT DR #500 COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PATRIA, ROBERT A 400 HIGH POINT DR STE 500 COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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01/15/04-80060-023 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Robert A. Patria **ROBERT A. PATRIA** 1/6/04 (321) 636-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #