

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

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



Principal Place of Business 400 HIGH POINT DRIVE SUITE 401 COCOA, FL 32926 US	Mailing Address 400 HIGH POINT DRIVE SUITE 401 COCOA, FL 32926 US
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03292006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2751751	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: registered agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	VPST PATRIA, ROBERT A 400 HIGH POINT DR STE 500 COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000490709
04/18/06-80066-009 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/06 321-636-0200
Date Daytime Phone