

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2007 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**

DO NOT WRITE IN THIS SPACE



02062007 No Chg-P CR2E034 (11/05)

4. FEI Number

59-2751751

Applied For

Not Applicable

5. Certificate of Status Desired



\$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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000676831
03/30/07-80077-001 158.75

10. OFFICERS AND DIRECTORS

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

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #