2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

498 SOUTH MAIN STREET

CRESTVIEW FL 32536

DOCUMENT # J93378

1. Entity Name

ADA AUTO RENTALS, INC.

Principal Place of Business

CRESTVIEW FL 32536

Suite, Apt. #, etc.

City & State

Zip

498 SOUTH MAIN STREET

2. Principal Place of Business



Country

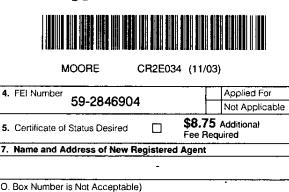
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept

Name

FILED Apr 01, 2004 8:00 am Secretary of State

04-01-2004 90013 014 ***150.00

44023437



ASH, ALFRED A. 498 SOUTH MAIN STREET CRESTVIEW FL 32536

Country

6. Name and Address of Current Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

City Zip Code

the obligations of registered agent. 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete THIS ☐ Change ☐ Addition ASH, ALFRED A. NAME NAME STREET ADDRESS 498 S. MAIN ST. STREET ADDRESS CITY-ST-ZIP CRESTVIEW FL 32536 CITY-ST-7IP VΡ TITLE ☐ Delete TITLE ☐ Change ☐ Addition ASH, DONNA E NAME NAME STREET ADDRESS 498 S. MAIN ST. STREET ADDRESS CRESTVIEW FL 32536 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition NAME ASH, DAVID NAME STREET ADDRESS 498 S. MAIN ST. STREET ADDRESS CITY-ST-7IP CRESTVIEW FL 32536 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition FORREST, DONNA A NAME NAME STREET ADDRESS 4665 HARDY ADAMS RD. STREET ADDRESS CITY-ST-ZIP **HOLT FL 32564** CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-SY-ZIP

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

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/04 850-682-5287