

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90014 033 ***150.00

DOCUMENT # P00000030701

1. Entity Name

HOGTOWN RENTALS, INC.



Principal Place of Business

300 SOUTHWEST MEETING STREET
MADISON FL 32340

Mailing Address

300 SOUTHWEST MEETING STREET
MADISON FL 32340

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3655583

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANDERS, EMMETT P
300 SOUTHWEST MEETING STREET
MADISON FL 32340

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | SANDERS, EMMETT P III | |
| STREET ADDRESS | 300 SOUTHWEST MEETING STREET | |
| CITY-ST-ZIP | MADISON FL 32340 | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | SANDERS, MARY ANN | |
| STREET ADDRESS | 300 SOUTHWEST MEETING STREET | |
| CITY-ST-ZIP | MADISON FL 32340 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | NORFLEET, FREDRICK M | |
| STREET ADDRESS | 1200 SENTINAL WAY | |
| CITY-ST-ZIP | MADISON FL 32340 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | NORFLEET, NIDA N | |
| STREET ADDRESS | 1200 SENITAL WAY | |
| CITY-ST-ZIP | MADISON FL 32340 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SANDERS, FREDRICK W | |
| STREET ADDRESS | 601 N HARRY ST | |
| CITY-ST-ZIP | MADISON FL 32340 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SANDERS, KIMBERLY M | |
| STREET ADDRESS | 601 N HARRY ST | |
| CITY-ST-ZIP | MADISON FL 32340 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-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:

Frederick M. Norfleet (Frederick M. Norfleet)

Date

3/29/04

Daytime Phone #

850 694-0550