


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90186 031 ***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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 134 NW Sentinel Lane Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/05)

City & State Madison FL	4. FEI Number 59-3655583	Applied For <input type="checkbox"/> Not Applicable
Zip 32340	Country U.S.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NORFLEET, FFREDERICK M 1200 SENTINEL WAY MADISON FL 32340		7. Name and Address of New Registered Agent Name Frederick M. Norfleet Street Address (P.O. Box Number is Not Acceptable) 134 NW Sentinel Way City Madison FL Zip Code 32340	
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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 Frederick M. Norfleet <small>Signature, typed or printed name of registered agent, and title, if applicable</small>	DATE 3/1/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANDERS, EMMETT P III 300 SOUTHWEST MEETING STREET MADISON FL 32340 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SANDERS, MARY ANN 300 SOUTHWEST MEETING STREET MADISON FL 32340 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORFLEET, FREDRICK M 1200 SENTINEL WAY MADISON FL 32340 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Frederick M. Norfleet 134 NW Sentinel Lane Madison, FL 32340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORFLEET, NIDA N 1200 SENITAL WAY MADISON FL 32340 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERS, FREDRICK W 601 N HARRY ST MADISON FL 32340 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERS, KIMBERLY M 601 N HARRY ST MADISON FL 32340 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.	
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SIGNATURE: Frederick M. Norfleet <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 3/1/06	Daytime Phone # 850-894-0550
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