


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000030701</b> 1. Entity Name <b>HOGTOWN RENTALS, INC.</b>					
Principal Place of Business <b>300 SOUTHWEST MEETING STREET MADISON FL 32340</b>			Mailing Address <b>134 NW SENTINAL LN MADISON FL 32340</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-3655583</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				1st MOORE CR2E034 (10/06)	
<b>6. Name and Address of Current Registered Agent</b>  <b>NORFLEET, FFREDERICK M 134 NW SENTINAL WAY MADISON FL 32340</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	PD	<b>SANDERS, EMMETT P III</b> <b>300 SOUTHWEST MEETING STREET</b> <b>MADISON FL 32340</b>	<input type="checkbox"/> Delete		
NAME	STREET ADDRESS	CITY- ST- ZIP			
TITLE	STD	<b>SANDERS, MARY ANN</b> <b>300 SOUTHWEST MEETING STREET</b> <b>MADISON FL 32340</b>	<input type="checkbox"/> Delete		
NAME	STREET ADDRESS	CITY- ST- ZIP			
TITLE	D	<b>NORFLEET, FREDRICK M</b> <b>134 NW SENTINEL LN</b> <b>MADISON FL 32340</b>	<input type="checkbox"/> Delete		
NAME	STREET ADDRESS	CITY- ST- ZIP			
TITLE	D	<b>NORFLEET, NIDA N</b> <b>1200 SENITAL WAY</b> <b>MADISON FL 32340</b>	<input type="checkbox"/> Delete		
NAME	STREET ADDRESS	CITY- ST- ZIP			
TITLE	D	<b>SANDERS, FREDRICK W</b> <b>601 N HARRY ST</b> <b>MADISON FL 32340</b>	<input type="checkbox"/> Delete		
NAME	STREET ADDRESS	CITY- ST- ZIP			
TITLE	D	<b>SANDERS, KIMBERLY M</b> <b>601 N HARRY ST</b> <b>MADISON FL 32340</b>	<input type="checkbox"/> Delete		
NAME	STREET ADDRESS	CITY- ST- ZIP			
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
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	
NAME	STREET ADDRESS	CITY- ST- ZIP			
TITLE			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	STREET ADDRESS	CITY- ST- ZIP			



1st MOORE CR2E034 (10/06)

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

**NORFLEET, FFREDERICK M  
134 NW SENTINAL WAY  
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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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  
NAME SANDERS, EMMETT P III  
STREET ADDRESS 300 SOUTHWEST MEETING STREET  
CITY- ST- ZIP MADISON FL 32340

TITLE STD  
NAME SANDERS, MARY ANN  
STREET ADDRESS 300 SOUTHWEST MEETING STREET  
CITY- ST- ZIP MADISON FL 32340

TITLE D  
NAME NORFLEET, FREDRICK M  
STREET ADDRESS 134 NW SENTINEL LN  
CITY- ST- ZIP MADISON FL 32340

TITLE D  
NAME NORFLEET, NIDA N  
STREET ADDRESS 1200 SENITAL WAY  
CITY- ST- ZIP MADISON FL 32340

TITLE D  
NAME SANDERS, FREDRICK W  
STREET ADDRESS 601 N HARRY ST  
CITY- ST- ZIP MADISON FL 32340

TITLE D  
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  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
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TITLE  
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STREET ADDRESS  
CITY- ST- ZIP

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.

U00000715993  
04/28/07-80012-022-150.00