


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90025 045 ***150.00

DOCUMENT # P00000077808		
1. Entity Name O-TOWN VALET, INC.		

Principal Place of Business 1000 S SEMORAN BLVD SUITE 410 WINTER PARK, FL 32792	Mailing Address 1000 S SEMORAN BLVD SUITE 410 WINTER PARK, FL 32792
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40035280



2. Principal Place of Business - No P.O. Box # 3014 ANTIQUE OAKS CIRCLE	3. Mailing Address 3014 ANTIQUE OAKS CIRCLE
Suite, Apt. #, etc. 118	Suite, Apt. #, etc. 118
City & State WINTER PARK, FL	City & State WINTER PARK, FL
Zip 32792	Zip 32792

03072007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3665899	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FOX, ROBERT C 1000 S. SEMORAN BLVD #410 WINTER PARK, FL 32792	7. Name and Address of New Registered Agent Name FOX, ROBERT C. Street Address (P.O. Box Number is Not Acceptable) 3014 ANTIQUE OAKS CIRCLE, # 118 City WINTER PARK FL Zip Code 32792
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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 Robert C. Fox DATE 03/14/07
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 After May 1, 2007 Fee will be \$550.00	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	PSTD FOX, ROBERT C 1000 SOUTH SEMORAN BOULEVARD SUITE 410 WINTER PARK, FL 32792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FOX, ROBERT C 3014 ANTIQUE OAKS CIRCLE, # 118 WINTER PARK, FL 32792 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: Robert C. Fox DATE 03/14/07 407-697-8619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR