2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2008 08:00 AN Secretary of State **DOCUMENT # P00000077808** 1. Entity Name O-TOWN VALET, INC. Principal Place of Business Mailing Address 3014 ANTIQUE OAKS CIR. 3014 ANTIQUE OAKS CIR. 118 118 WINTER PARK, FL 32792 WINTER PARK, FL 32792 No Chg-P CR2E034 (11/05) 01132008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numbe 59-3665899 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent FOX, ROBERT C DO NOT WRITE 3014 ANTIQUE OAKS CIR. 118 IN THIS SPACE WINTER PARK, FL 32792 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. **PSTD** TITLE NAME FOX. ROBERT C STREET ADDRESS 3014 ANTIQUE OAKS CIR., 118 CITY-ST-ZIP WINTER PARK, FL 32792 TITLE U00000786978 01/17/08-80065-001 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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.

CICMATUDE.

NAME STREET ADDRESS CITY-ST-ZIP

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