

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000015828

1. Entity Name
OBC RENTAL CORPORATION



Principal Place of Business
**421 SOUTH ATLANTIC AVE.
NEW SMYRNA BEACH, FL 32169**

Mailing Address
**421 SOUTH ATLANTIC AVE.
NEW SMYRNA BEACH, FL 32169**



01262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3600023

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOUNSOM, SUSAN
315 FLAGLER AVE.
NEW SMYRNA BEACH, FL 32169**

**DO NOT WRITE
IN THIS SPACE**

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-stating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	WIT, GARRY
STREET ADDRESS	3937 ROSE OF SHARON DR.
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	T
NAME	JOHNSON, MILTON
STREET ADDRESS	421 SOUTH ATLANTIC AVE.
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	S
NAME	HOUNSON, SUSAN
STREET ADDRESS	315 FLAGLER AVE.
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	V
NAME	GRIT, WILLIAM
STREET ADDRESS	3901 SANTA FE CT.
CITY-ST-ZIP	GRANDVILLE, MI 49418
TITLE	D
NAME	KROEZE, GEORGE
STREET ADDRESS	1837 CHATEAU DR.
CITY-ST-ZIP	WYOMING, MI 49509
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/11/05-80014-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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: MILTON JOHNSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-05 386-423-8400
Date Daytime Phone #