


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90013 012 ***150.00

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02192007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 04-3600023	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HOUNSOM, SUSAN 315 FLAGLER AVE. NEW SMYRNA BEACH, FL 32169				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WIT, GARRY 11336 ARBORSIDE BEND WAY WINDERMERE, FL 34786		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WIT, GARRY 3927 ROSE OF SHARON DR ORLANDO, FL 32808	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, MILTON 421 SOUTH ATLANTIC AVE. NEW SMYRNA BEACH, FL 32169		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOUNSON, SUSAN 315 FLAGLER AVE. NEW SMYRNA BEACH, FL 32169		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRIT, WILLIAM 3901 SANTA FE CT. GRANDVILLE, MI 49418		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KROEZE, GEORGE 1837 CHATEAU DR. WYOMING, MI 49509		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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.					
SIGNATURE: _____ MILTON E. JOHNSON 2-19-07 386-423-8400 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					