2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# P02000015828

Entity Name: OBC RENTAL CORPORATION

Current Principal Place of Business:

421 SOUTH ATLANTIC AVE.
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

421 SOUTH ATLANTIC AVE.
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

FEI Number: 04-3600023 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	WIT, GARRY	
Address:	193 MEADOW BEAUTY TERR	
City-St-Zip:	SANFORD, FL 32771	
Title:	T	( ) Delete
Name:	JOHNSON, MILTON	
Address:	421 SOUTH ATLANTIC AVE.	
City-St-Zip:	NEW SMYRNA BEACH, FL 32169	
Title:	S	( ) Delete
Name:	HOUNSON, SUSAN	
Address:	315 FLAGLER AVE.	
City-St-Zip:	NEW SMYRNA BEACH, FL 32169	
Title:	V	( ) Delete
Name:	GRIT, WILLIAM	
Address:	3901 SANTA FE CT.	
City-St-Zip:	GRANDVILLE, MI 49418	
Title:	D	( ) Delete
Name:	KROEZE, GEORGE	
Address:	1837 CHATEAU DR.	
City-St-Zip:	WYOMING, MI 49509	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	KROEZE, GEORGE	
Address:	5357 MAPLESIDE LANE SW	
City-St-Zip:	WYOMING, MI 49418	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILTON JOHNSON T 01/15/2009

Electronic Signature of Signing Officer or Director — Date