2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004
Secretary of State

DOCUMENT# P02000061401

Entity Name: A PALM COAST AUTO RENTAL INC.

Current Principal Place of Business:

303 N STATE ST
BUNNELL, FL 32110

New Principal Place of Business:

309-A N. STATE ST.
BUNNELL, FL 32110 US

Current Mailing Address:

PO BOX 249
BUNNELL, FL 32110

New Mailing Address:

PO BOX 249
BUNNELL, FL 32110 US

FEI Number: 01-0722180 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEVITO, THOMAS J
40 WEST GLEN LN.
PALM COAST, FL 32164

Name and Address of New Registered Agent:

DEVITO, THOMAS J
P.O. BOX 249
BUNNELL, FL 32110 US

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: _____ 07/15/2004
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DEVITO, THOMAS J
Address: 40 WEST GLEN LN
City-St-Zip: PALM COAST, FL 32164

Title: V (X) Delete
Name: DEVITO, LYNN J
Address: 40 WEST GLEN LN
City-St-Zip: PALM COAST, FL 32164 US

Title: S (X) Delete
Name: DEVITO, HANNAH L
Address: 40 WEST GLEN LN
City-St-Zip: PALM COAST, FL 32164

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: DEVITO, THOMAS J
Address: P.O. BOX 249
City-St-Zip: BUNNELL, FL 32110 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS J. DEVITO DPT 07/15/2004
Electronic Signature of Signing Officer or Director — Date