

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2008 JUL -1 PM 4:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



06242008 Chg-P CR2E034 (12/06)

DOCUMENT # P03000083548					
1. Entity Name AIRPORT CAR SERVICE, INC.					
Principal Place of Business 11125 PARK BLVD STE 104-184 SEMINOLE, FL 33772			Mailing Address 706 W. PENINSULAR ST. TAMPA, FL 33603		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0121870	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  VALLEE, LINDA K 706 W. PENINSULAR ST. TAMPA, FL 33603			7. Name and Address of New Registered Agent  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 <input checked="" type="checkbox"/> (NOTE: Registered Agent signature required when reinstating) DATE					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees 6-25-08	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALLEE, GEORGE R 706 W. PENINSULAR ST TAMPA, FL 33603 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LINDA K. VALLEE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 706 W. PENINSULAR ST. TAMPA, FL. 33603		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VALLEE, LINDA K 706 W. PENINSULAR ST. TAMPA, FL 33603 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100132310051 07/07/08--01006--006 **\$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VALLEE, GEORGE R 706 W. PENINSULAR ST TAMPA, FL 33603 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LINDA K. VALLEE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 706 W. PENINSULAR ST TAMPA, FL. 33603		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MV VALLEE, LINDA K 706 W. PENINSULAR ST TAMPA, FL 33603 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SITIRAT LINDA K. VALLEE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 706 W. PENINSULAR ST. TAMPA, FL. 33603		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 it 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: <i>Linda K. Vallee</i>		LINDA K. VALLEE 6-25-08 813-966-1779			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			