

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 03, 2005 8:00 am
Secretary of State

04-27-2005 90321 005 ***150.00

DOCUMENT # P04000115290 1. Entity Name APPLE RENT-A-CAR, INC.					
Principal Place of Business 12606 N. NEBRASKA AVE. TAMPA FL 33612			Mailing Address 12606 N. NEBRASKA AVE. TAMPA FL 33612		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 32-0124413	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WILSON, ROBERT N 12606 N. NEBRASKA AVE. TAMPA FL 33612				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
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	PRES WILSON, ROBERT N 12606 N. NEBRASKA AVE. TAMPA FL 33612		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CARLOS CORTES 10004 N. 20th ST. TAMPA, FL 33612	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WILSON, REGINA N 12606 N. NEBRASKA AVE. TAMPA FL 33612		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC WILSON, REGINA N 12606 N. NEBRASKA AVE. TAMPA FL 33612	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR WILSON, REGINA N 12606 N. NEBRASKA AVE. TAMPA FL 33612		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: _____ 4-14-05 813-866-3966					