

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P92000002754

1. Entity Name
ZIPPY RENT-A-CAR, INC.



Principal Place of Business
**27365 U.S. HIGHWAY 19, NORTH
CLEARWATER, FL 33761**

Mailing Address
**27365 U.S. HIGHWAY 19, NORTH
CLEARWATER, FL 33761**



02182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3162732

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

**U000000060783
02/23/04-80053-016 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CASH, JANE W
11717 SPLIT TREE CIRCLE
POTOMAN, MD 20854**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JENKINS, GARRY M
373 CARRIAGE WAY PARK
ANNAPOLIS, MD 21401**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FITZGERALD, DOROTHY M
9624 GLENCREST LANE
KENSINGTON, MD 20895**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SMITH, ROBERT J
250 TURTLE CREEK CIRCLE
OLDSMAR, FL 34677**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AST
BENTZON, MICHAEL P
11141 HURDLE HILL DR
POTOMAC, MD 20854**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AST
BARBER, JESSIE R
1701 PINEHURST RD #19-H
DUNEDIN, FL 34698**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Robert J Smith* **ROBERT SMITH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/04 727 799/800

Date

Daytime Phone #