


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90054 010 ***150.00

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3162732	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CASH, JANE W	NAME			
STREET ADDRESS	11717 SPLIT TREE CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	POTOMAN, MD 20854	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JENKINS, GARRY M	NAME			
STREET ADDRESS	373 CARRIAGE WAY PARK	STREET ADDRESS			
CITY-ST-ZIP	ANNAPOLIS, MD 21401	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FITZGERALD, DOROTHY M	NAME			
STREET ADDRESS	9624 GLENCREST LANE	STREET ADDRESS			
CITY-ST-ZIP	KENSINGTON, MD 20895	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, ROBERT J	NAME			
STREET ADDRESS	250 TURTLE CREEK CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	OLDSMAR, FL 34677	CITY-ST-ZIP			
TITLE	AST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BENTZON, MICHAEL P	NAME			
STREET ADDRESS	11141 HURDLE HILL DR	STREET ADDRESS			
CITY-ST-ZIP	POTOMAC, MD 20854	CITY-ST-ZIP			
TITLE	AST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARBER, JESSIE R	NAME			
STREET ADDRESS	1701 PINEHURST RD #19-H	STREET ADDRESS			
CITY-ST-ZIP	DUNEDIN, FL 34698	CITY-ST-ZIP			
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: <u>Robert J Smith</u> <u>Robert J Smith</u> <u>2/14/05</u> <u>727-799-1800</u> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					