

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000002754

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

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

27365 U.S. HIGHWAY 19, NORTH
CLEARWATER, FL 33761

New Principal Place of Business:

Current Mailing Address:

27365 U.S. HIGHWAY 19, NORTH
CLEARWATER, FL 33761

New Mailing Address:

FEI Number: 59-3162732

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CASH, JANE W
Address: 11717 SPLIT TREE CIRCLE
City-St-Zip: POTOMAN, MD 20854

Title: D () Delete
Name: FITZGERALD, DOROTHY M
Address: 9624 GLENCREST LANE
City-St-Zip: KENSINGTON, MD 20895

Title: P () Delete
Name: SMITH, ROBERT J
Address: 2808 WATERS EDGE RD
City-St-Zip: PALM HARBOR, FL 34685

Title: AST () Delete
Name: BENTZON, MICHAEL P
Address: 11141 HURDLE HILL DR
City-St-Zip: POTOMAC, MD 20854

Title: AST () Delete
Name: LEIS, MINDY D
Address: 8501 SHALLOW CREEK CT
City-St-Zip: NEW PORT RICHEY, FL 34653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 exemption stated 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 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: ROBERT J SMITH

P

04/21/2009

Electronic Signature of Signing Officer or Director

_____ Date