

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000081930	
1. Entity Name AFA AUTO RENTALS, INC.	

Principal Place of Business 19011 SAN CARLOS BLVD FORT MYERS BEACH, FL 33931 US	Mailing Address 19011 SAN CARLOS BLVD FORT MYERS BEACH, FL 33931 US
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01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0451490	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DE PAOLO, FRANK W 19011 SAN CARLOS BLVD FT MYERS BCH, FL 33931

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	00000009790 02/01/07-80064-017 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DEPAOLO, FRANK 19011 SAN CARLOS BLVD FORT MYERS BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DEPAOLO, ALPHONSO J. 19011 SAN CARLOS BLVD FT MYERS BCH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST DEPAOLO, A.F. 19011 SAN CARLOS BLVD FT MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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 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:  **A.F. DePaolo** 1-28-07 238-463-1944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #