


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90049 009 \*\*\*150.00

<b>DOCUMENT # P95000056023</b>	
1. Entity Name AFFORDABLE AUTO RENTALS & SALES, INC.	

Principal Place of Business 2100-A DAVIS BLVD. NAPLES, FL 33942	Mailing Address 2100-A DAVIS BLVD. NAPLES, FL 33942
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**54028942**



03252004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0595349</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  MORKUNAS, PETER 2100-A DAVIS BLVD. NAPLES, FL 33942	<b>DO NOT WRITE IN THIS SPACE</b>
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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.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORKUNAS, PETER 2385 KINGS LAKE BLVD. NAPLES, FL 33962
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORKUNAS, SHERRIE 2385 KINGS LAKE BLVD. NAPLES, FL 33962
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ZELEZNIK, RONDA 3636 BOCA CIEGA DR NAPLES, FL 33962
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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)(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 another like empowered.

<b>SIGNATURE:</b> 	<b>Pres.</b> 	<b>405-04</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>