

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 17, 2005 8:00 am
Secretary of State

05-17-2005 90013 033 ***150.00

DOCUMENT # P98000099023

1. Entity Name

ECONO RENT-A-CAR, INC.



Principal Place of Business

810 S DIXIE HWY
LANTANA FL 33462

Mailing Address

1013 LUCERNE AVE
SUITE 12
LAKE WORTH FL 33460

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

300 S. DIXIE

Suite, Apt. #, etc.

City & State

City & State
Lantana FL

Zip

Country

Zip

Country

33462

US

4. FEI Number 65-0879152

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AHO, BARBARA
1013 LUCERNE AVE #12
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent

Name Aho, Barbara
Street Address (P.O. Box Number is Not Acceptable)

300 S. DIXIE

City Lantana

FL

Zip Code 33462

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

Barbara Aho

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

(NOTE: Registered Agent signature required when reinstating)

5-13-5

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LEHTONEN, SAKARI ☐ Delete
STREET ADDRESS 810 S DIXIE HWY
CITY-ST-ZIP LANTANA FL 33462

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Sakari Lehtonen SAKARI LEHTONEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05/13-05 (561) 585-9290