


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000103251 1. Entity Name NAVARRE RENT A CAR, INC.	
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Principal Place of Business 8175 NAVARRE PARKWAY NAVARRE, FL 32566	Mailing Address 8175 NAVARRE PARKWAY NAVARRE, FL 32566
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MUIR, JAMES G 8175 NAVARRE PARKWAY NAVARRE, FL 32566	DO NOT WRITE IN THIS SPACE
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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.

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	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MUIR, JAMES G 8175 NAVARRE PARKWAY NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

600054011576
05/06/05--01060--013 **550.00

**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 all other like empowered.

SIGNATURE: James Muir **JAMES MUIR** 5-4-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

05 MAY -6 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3547175	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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