

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90364 046 ***150.00

DOCUMENT # P99000065231

1. Entity Name

ABLE AUTO RENTAL, INC.



Principal Place of Business

2323 MCCAY RD
ORLANDO FL 32809

Mailing Address

2323 MCCAY RD
ORLANDO FL 32809

2. Principal Place of Business

7900 S. Conway Rd.

3. Mailing Address

7900 S. Conway Rd.

Suite, Apt., #, etc.

Inside Comfort Suites

Suite, Apt., #, etc.

Inside Comfort Suites

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32812

Country

USA

Zip

32812

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

59-3590687

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIEDEMA, LORNA
1400 LAKE WELDONA DR
ORLANDO FL 32806

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
MIEDEMA, LORNA
1400 LAKE WELDONA DR
ORLANDO FL 32806

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Director
DENEEN L. GROVE
7900 S. CONWAY RD.
ORLANDO, FL 32812

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature]

Deneen L. Grove

4/16/04

1100 3519232