

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91212 004 \*\*\*150.00

**DOCUMENT # 658787**

1. Entity Name  
**S. L. CONSTRUCTION & REMODELING, INC.**



Principal Place of Business  
**P.O. BOX 1442  
ALACHUA, FL 32615**

Mailing Address  
**P.O. BOX 1442  
ALACHUA, FL 32615**

2. Principal Place of Business  
**1219 N.W. 10th Ave**

3. Mailing Address  
**P.O. Box 1121**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04302004 Chg-P CR2E034 (10/03)

City & State  
**Gainesville, FL**

City & State  
**Gainesville, FL**

4. FEI Number  
**59-1989764**

Applied For  
Not Applicable

Zip  
**32601**

Country  
**Alachua**

Zip  
**32602**

Country  
**Alachua**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**RENTZ, SAUL A.  
231 N.E. 6TH TERRACE  
ALACHUA, FL 32615**

**7. Name and Address of New Registered Agent**

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 *Saul A. Rentz* **Saul Rentz, CEO**

**04/30/04**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **PD** ☒ Delete  
NAME **RENTZ, SAUL A.**  
STREET ADDRESS **231 N.E. 6TH TERRACE**  
CITY-ST-ZIP **ALACHUA, FL 32615**

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 **PD** ☐ Change ☒ Addition  
NAME **Ishmael Rentz**  
STREET ADDRESS **1219 N.W. 10th Ave**  
CITY-ST-ZIP **Gainesville, FL 32601**

TITLE **VP** ☐ Change ☒ Addition  
NAME **Nakoto Rentz**  
STREET ADDRESS **5402 Commerce Park Blvd**  
CITY-ST-ZIP **Tampa FL 33610**

TITLE **CEO** ☒ Change ☐ Addition  
NAME **Saul Rentz**  
STREET ADDRESS **1219 N.W. 10th Ave**  
CITY-ST-ZIP **Gainesville, FL 32601**

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

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

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 *Saul A. Rentz* **Saul Rentz, CEO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/30/04 (352) 377-3621**

Date

Daytime Phone #