


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # J06567

1. Entity Name
RENCHINO AMUSEMENTS, INC.



Principal Place of Business Mailing Address

% LESLIE MARIE ZACCHINI
1208 NORTH ORANGE AVE.
SARASOTA, FL 34236

% LESLIE MARIE ZACCHINI
1208 NORTH ORANGE AVE.
SARASOTA, FL 34236



01122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2678968

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ZACCHINI, LESLIE MARIE
1208 NORTH ORANGE AVE.
SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY - ST - ZIP	SD ZACCHINI, LESLIE M. 1208 N. ORANGE AVENUE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ZACCHINI, TEO LOUIS 1208 N. ORANGE AVENUE SARASOTA, FL
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01/20/04-80042-007 150.00

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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)(j), 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: *Leslie M Zacchini* **Leslie M Zacchini** 1-12-04 941-955-6125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #