


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # J06567 1. Entity Name RENCHINO AMUSEMENTS, INC.	
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Principal Place of Business % LESLIE MARIE ZACCHINI 1208 NORTH ORANGE AVE. SARASOTA, FL 34236	Mailing Address % LESLIE MARIE ZACCHINI 1208 NORTH ORANGE AVE. SARASOTA, FL 34236
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01142005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2678968	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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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 01/27/05-80007-022 150.00

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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: *Leslie Zacchini* **1-18-05** **941-809-4189**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #