

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # J06567

1. Entity Name
RENCHINO AMUSEMENTS, INC.



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



01092006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2678968 Applied For
 Not Applicable

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

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	ZACCHINI, LESLIE M.
STREET ADDRESS	1208 N. ORANGE AVENUE
CITY-ST-ZIP	SARASOTA, FL
TITLE	D
NAME	ZACCHINI, TEO LOUIS
STREET ADDRESS	1208 N. ORANGE AVENUE
CITY-ST-ZIP	SARASOTA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000434014
 02/24/06-80042-009 150.00

**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-06 Date

941-809-4189 Daytime Phone #