


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90025 035 ***150.00

DOCUMENT # P01000028482

1. Entity Name
RENOS CONSTRUCTION INC.



Principal Place of Business
**1811 CLEARBROOK DR
CLEARWATER, FL 33760**

Mailing Address
**1811 CLEARBROOK DR
CLEARWATER, FL 33760**

24024066

2. Principal Place of Business
604 Spencer Ave.

3. Mailing Address
604 Spencer Ave.

Suite, Apt. #, etc.



01312004 Chg-P CR2E034 (10/03)

City & State
Clearwater, FL

City & State
Clearwater, FL

4. FEI Number
59-3704858

Applied For
 Not Applicable

Zip
33756

Country

Zip
33756

Country

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

6. Name and Address of Current Registered Agent
**PASEK, MICHAEL D
6225 DALE HABRY HWY 816
TAMPA, FL 33414**

7. Name and Address of New Registered Agent

Name
Miloslav Machu

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

City
Clearwater

State
FL

Zip Code
33756

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 *Miloslav Machu* **Miloslav Machu** **02/20/04**

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	P	<input type="checkbox"/> Delete
NAME	MACHU, MILOSLAV	
STREET ADDRESS	1811 CLEARBROOK DR	
CITY-ST-ZIP	CLEARWATER, FL 33760	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miloslav Machu	
STREET ADDRESS	604 Spencer Ave.	
CITY-ST-ZIP	Clearwater, FL 33756	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Miloslav Machu* **Miloslav Machu** **02/20/04**

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