


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90421 042 ***150.00

DOCUMENT # P05000068903	
1. Entity Name RENAR HOLDING COMPANY	

Principal Place of Business 3350 NW ROYAL OAK DR JENSEN BEACH, FL 34957 US	Mailing Address 3350 NW ROYAL OAK DR JENSEN BEACH, FL 34957 US
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40085000

2. Principal Place of Business - No P.O. Box # 3731 N.E. PINEAPPLE AVE. Suite, Apt. #, etc. SUITE C200	3. Mailing Address 3731 N.E. PINEAPPLE AVE. Suite, Apt. #, etc. SUITE C200
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02122007 Chg-P CR2E034 (12/06)

City & State JENSEN BEACH, FL	City & State JENSEN BEACH, FL	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
Zip 34957	Country USA	Zip 34957	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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8. Name and Address of Current Registered Agent FOX, M. LANNING 3473 SE WILLOUGHBY BLVD STUART, FL 34994	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DOSS, ARDEN JR. 3350 NW ROYAL OAK DRIVE JENSEN BEACH, FL 34957 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCST DOSS, RENEE M 3350 NW ROYAL OAK DRIVE JENSEN BEACH, FL 34957 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST ROWE, RHONDA S 3350 NORTHWEST ROYAL OAK DRIVE JENSEN BEACH, FL 34957 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3731 N.E. PINEAPPLE AVE. - SUITE C200 JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3731 N.E. PINEAPPLE AVE. - SUITE C200 JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3731 N.E. PINEAPPLE AVE. - SUITE C 200 JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Renée M. Doss RENEE M. DOSS 4/24/07 772-692-7800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #