

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # 304653

1. Entity Name
RENEE'S HOUSE OF FASHIONS INC.



Principal Place of Business
**311 JOHN RINGLING BLVD.
SARASOTA, FL 34236 US**

Mailing Address
**311 JOHN RINGLING BLVD
SARASOTA, FL 34236 US**



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1119579

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MEYER, EDWARD C II
311 JOHN RINGLING BLVD.
SARASOTA, FL 33577**

**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 reappointing)

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	P
NAME	MEYER, EDWARD C II
STREET ADDRESS	311 JOHN RINGLING BLVD
CITY - ST - ZIP	SARASOTA, FL
TITLE	VP
NAME	MEYER, SUSAN
STREET ADDRESS	311 JOHN RINGLING BLVD
CITY - ST - ZIP	SARASOTA, FL
TITLE	DS
NAME	MEYER, EDWARD C II
STREET ADDRESS	311 JOHN RINGLING BLVD
CITY - ST - ZIP	SARASOTA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
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)(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, without other like empowered.

SIGNATURE _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward C. Meyer II **Edward C. Meyer II** 1/9/05 941-388-2818

Day's Phone #