

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90347 038 ***150.00

DOCUMENT # 505966 1. Entity Name RENT WEAR, INC.			
Principal Place of Business 2610 ORANGE AVENUE FT. PIERCE, FL 34947		Mailing Address 2610 ORANGE AVENUE FT. PIERCE, FL 34947	
2. Principal Place of Business 2610 ORANGE Av		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ft. Pierce, FL		City & State	
Zip 34954		Zip	
Country USA		Country	
6. Name and Address of Current Registered Agent SETTLE, THOMAS W 2610 ORANGE AVENUE FT. PIERCE, FL 34954		7. Name and Address of New Registered Agent Name PAUL D. SETTLE Street Address (P.O. Box Number is Not Acceptable) 2610 ORANGE AV City Ft Pierce FL 34954	
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 4/22/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE C <input type="checkbox"/> Delete NAME SETTLE, ERNEST E STREET ADDRESS 2611 S INDIAN RIVER DR CITY-ST-ZIP FORT PIERCE, FL 34950	TITLE P <input type="checkbox"/> Delete NAME SETTLE, PAUL D STREET ADDRESS 917 JACKSON WAY CITY-ST-ZIP FORT PIERCE, FL 34949	TITLE PTR, S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME PAUL D. SETTLE STREET ADDRESS 917 JACKSON WAY CITY-ST-ZIP FT. PIERCE, FL 34949	TITLE VTR <input checked="" type="checkbox"/> Delete NAME SETTLE, THOMAS W STREET ADDRESS 469 NW CONCORD DR CITY-ST-ZIP PORT ST LUCIE, FL 34983
TITLE SB <input checked="" type="checkbox"/> Delete NAME SETTLE, MAXINE C STREET ADDRESS 2611 S INDIAN RIVER DR CITY-ST-ZIP FORT PIERCE, FL 34950	TITLE KAREN SLAY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 5805 PAPAYA DR STREET ADDRESS FT. PIERCE, FL 34948 CITY-ST-ZIP	TITLE DECEASED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE 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:		4/22/04 772-464-3911 <small>Date Daytime Phone #</small>	

14013413



04212004 Chg-P CR2E034 (10/03)

4. FEI Number
59-1677632
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **PAUL D. SETTLE**

Street Address (P.O. Box Number is Not Acceptable)
2610 ORANGE AV

City **Ft Pierce** **FL** **34954**

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)

4/22/04
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
C ☐ Delete
NAME
SETTLE, ERNEST E
STREET ADDRESS
2611 S INDIAN RIVER DR
CITY-ST-ZIP
FORT PIERCE, FL 34950

TITLE
P ☐ Delete
NAME
SETTLE, PAUL D
STREET ADDRESS
917 JACKSON WAY
CITY-ST-ZIP
FORT PIERCE, FL 34949

TITLE
VTR ☒ Delete
NAME
SETTLE, THOMAS W
STREET ADDRESS
469 NW CONCORD DR
CITY-ST-ZIP
PORT ST LUCIE, FL 34983

TITLE
SB ☒ Delete
NAME
SETTLE, MAXINE C
STREET ADDRESS
2611 S INDIAN RIVER DR
CITY-ST-ZIP
FORT PIERCE, FL 34950

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
PTR, S ☒ Change ☐ Addition
NAME
PAUL D. SETTLE
STREET ADDRESS
917 JACKSON WAY
CITY-ST-ZIP
FT. PIERCE, FL 34949

TITLE
KAREN SLAY ☒ Change ☐ Addition
NAME
5805 PAPAYA DR
STREET ADDRESS
FT. PIERCE, FL 34948
CITY-ST-ZIP

TITLE
DECEASED ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04 772-464-3911
Date Daytime Phone #