

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F32018

Entity Name: RENWIL CORP.

FILED
Feb 15, 2011
Secretary of State

Current Principal Place of Business:

505 S. FLAGLER DRIVE, SUITE 900
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

505 S. FLAGLER DRIVE, SUITE 900
WEST PALM BEACH, FL 33401 US

New Mailing Address:

FEI Number: 59-2082031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALER, WILLIAM
505 S. FLAGLER DRIVE, SUITE 900
WEST PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP
Name: LICKLE, RENEE K
Address: 568 ISLAND DRIVE
City-St-Zip: PALM BEACH, FL 33480

Title: PTD
Name: LICKLE, WILLIAM
Address: 568 ISLAND DRIVE
City-St-Zip: PALM BEACH, FL 33480

Title: VP
Name: LICKLE, GARRISON
Address: 568 ISLAND DRIVE
City-St-Zip: PALM BEACH, FL 33480

Title: VP
Name: O'NEIL, ASHLEY
Address: 370 WAHACKME ROAD
City-St-Zip: NEW CANAAN, CT 06840

Title: S
Name: SELTZER, GAIL
Address: 2226 RIDGEWOOD CIRCLE
City-St-Zip: ROYAL PALM BEACH, FL 33411

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM LICKLE

PTD

02/15/2011

Electronic Signature of Signing Officer or Director

Date