## 2004 FOR PROFIT CORPORATION

## **FILED** Mar 02, 2004 8:00 am Secretary of State

321-637-1000

Daytime Phone #

03-02-2004 90030 038 \*\*\*150.00

## ANNUAL REPORT (AR)

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RENCO ELECTRONICS, INC. Principal Place of Business Mailing Address 5595 INTERNATIONAL PL ROCKLEDGE FL 32955 595 INTERNATIONAL PL ROCKLEDGE FL 32955 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE City & State Applied For City & State 4. FEI Number 11-1792364 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ---CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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. Fam 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 reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change Addition NAME RENSING, EDWARD NAME 238 LANSING ISWAND DA 222 LANDING ISLAND DR STREET ADDRESS STREET ADDRESS INDIAN HARBOUR BENEH FL 32937 INADIAN HARBOUR BEACH FL 32937 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition TITLE ☐ Change RENSING, BRUCE NAME NAME STREET ADDRESS BOX 607 STREET ADDRESS JAMESPORT NY CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE Change Addition MAME RENSING JOHN P NAME -6329 SPINAKOA DA STREET ADDRESS 82 SLATE LANE STREET ADDRESS 32955 AUCKNODGE CITY-ST-ZIP LEVITTOWN NY CITY-ST-ZIP CD TITLE ☐ Delete TITLE ☐ Change Addition RENSING, JOHN A NAME NAME 1088WILDFLOWER DR STREET ADDRESS STREET ADDRESS MELBOURNE FL 32940 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

EDWARD W. RENSING

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR