

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # K200623401004211

1. Entity Name
DON RENFRANZ, INC.



Principal Place of Business: % DON RENFRANZ @ TAYLOR CREEK REAL ESTATE
300 NW 5TH STREET
OKEECHOBEE, FL 34972-2565

Mailing Address: % TAYLOR CREEK REAL ESTATE
300 NW 5TH STREET
OKEECHOBEE, FL 34972-2565

Make check payable to Florida Secretary of State

Check must be payable to Florida Secretary of State



03182008 22 No Chg-PST-2:CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0042928

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DONALD A. RENFRANZ
300 NW 5TH STREET
OKEECHOBEE, FL 34972-2565

**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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000866370
04/08/08-80026-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTSD
NAME	RENFRANZ, DONALD A
STREET ADDRESS	300 NW 5TH STREET
CITY- ST- ZIP	OKEECHOBEE, FL 349722565
TITLE	
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	

**DO NOT WRITE
IN THIS SPACE**

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: Donald A. Renfranz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/18/08
Daytime Phone # _____