

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90154 010 ***150.00

DOCUMENT # L67212

1. Entity Name

RENICK ENTERPRISES, INC.



Principal Place of Business

1211 W 13TH ST
RIVIERA BCH FL 33404

Mailing Address

1211 W 13TH ST
RIVIERA BCH FL 33404



2. Principal Place of Business

1489 W. 13TH ST.

Suite, Apt. #, etc.

Bay 4-5-6

City & State

Riviera Beach FL

Zip

33404

Country

USA

3. Mailing Address

1489 W. 13TH ST

Suite, Apt. #, etc.

Bay 4-5-6

City & State

Riviera Beach FL

Zip

33404

Country

USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0188742

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MICHAEL RENICK

1489 ~~1211~~ WEST 13TH STREET
RIVIERA BEACH FL 33404

7. Name and Address of New Registered Agent

Name Michael Renick

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

1489 W. 13TH ST

Bay 4-5-6

City Riviera Beach

FL

Zip Code

33404

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS RENICK, JACKIE LEE
CITY-ST-ZIP 4071 70TH CT N
WEST PALM BEACH FL 33404

TITLE ☐ Delete
NAME ST
STREET ADDRESS RENICK, MARY ANN
CITY-ST-ZIP 4071 70TH CT N
WEST PALM BEACH FL 33404

TITLE ☐ Delete
NAME P
STREET ADDRESS RENICK, MICHAEL
CITY-ST-ZIP 1601 WEST RD
LAKE PARK FL 33403

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Renick

4-20-6

Date

Daytime

561-867