

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # M78342

1. Entity Name
RENEGADE CONSTRUCTION, INC.



FILED

06 MAR -9 AM 10:20

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**% CLIFTON S. RENN
3506 LIMERICK DRIVE
TALLAHASSEE, FL 32308**

Mailing Address
**% CLIFTON S. RENN
3506 LIMERICK DRIVE
TALLAHASSEE, FL 32308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03082006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

59-2890308

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**RENN, CLIFTON S.
3506 LIMERICK DRIVE
TALLAHASSEE, FL 32308**

Name

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

City

FL

Zip Code

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

Amended AR is \$81.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
RENN, CLIFTON S.
3506 LIMERICK DRIVE
TALLAHASSEE, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**200067977302
03/16/06--01021--013 **\$1.25** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VICE PRESIDENT
2207 TRESCOTT DR.
TERRELL, FD 1500
2207 TRESCOTT DR. TAUA, FL 32308** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**200067977302
03/16/06--01021--013 **\$1.25** ☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP
☐ Delete

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☐ Change ☐ Addition

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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/06

Date

Daytime Phone #