

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000003441

1. Entity Name
RENEGADE STABLES, INC.



Principal Place of Business
520 HARBOR GATE WAY
LONGBOAT KEY, FL 34228-3502

Mailing Address
520 HARBOR GATE WAY
LONGBOAT KEY, FL 34228-3502



02042004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0974101

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ONEIL, BECKY
520 HARBOR GATE WAY
LONGBOAT KEY, FL 34228-3502

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000099396
03/31/04-80004-005 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ONEIL, WILLIAM
520 HARBOR GATE WAY
LONGBOAT KEY, FL 342283502

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
BAX, JAMES
6565 GULFSIDE DR
LONGBOAT KEY, FL 34228

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MORRIS, BOB
1400 KENILWORTH ST
SARASOTA, FL 34231

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 exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

WILLIAM ONEIL

2/4/2004