

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 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



04012005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0974101

Applied For  
Not Applicable

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

**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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

1100000320439  
04/21/05-80035-024 150.00

**10. OFFICERS AND DIRECTORS**

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

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

TITLE D  
NAME MORRIS, BOB  
STREET ADDRESS 1400 KENILWORTH ST  
CITY-ST-ZIP 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)(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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/2005

Date

Daytime Phone #