

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000004018

1. Entity Name
RENEGADE COMPANIES, 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
65-0974104

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**

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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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000320438
04/21/05-80035-023 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	O'NEILL, 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
CITY-ST-ZIP	SARASOTA, FL 34231
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 #