

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 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**



04222008 No Chg-P CR2E034 (11/05)

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**

**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 restate)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

**U00000922262
05/15/08-80040-017 150.00**

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	3015 WINDSOR WAY
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	DVP
NAME	BAX, CHRISTIAN
STREET ADDRESS	3015 WINDSOR WAY
CITY-ST-ZIP	TALLAHASSEE, FL 323122442
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 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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-22-08

Date

850 228 7105

Daytime Phone #