2006 FCR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 30, 2006 08:00 AM DOCUMENT # P00000050081 **Secretary of State** t. Entity Name RENEGADE BUILDING CORP. Principal Place of Business Mailing Address 109 TWILIGHT BAY DRIVE PANAMA CITY BEACH FL 32407 109 TWILIGHT BAY DRIVE PANAMA CITY BEACH FL 32407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3650556 Not Applicat Zιρ Country $Z_{i,D}$ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUMPHREYS, LINDA S 109 TWILIGHT BAY DRIVE Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY BEACH FL 32407 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Digrinture, typed or printed name of registered agent and life it applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. IIILL OP THE Delets Addition HUMPHREYS, WALTER R U00000485993 04/13/06-80018-023 150.00 NAME MAME STREET ADDRESS 109 TWILIGHT BAY OR STREET AOORESS 1314-S1-29 PANAMA CITY BEACH FL 32407 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STRELT ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delote TITLE Tille ☐ Channie Addition NAME NAME. STREET ADDRESS STRELL ADDRESS City-St-78 CITY-ST-ZIP TITLE TITLE Defete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE Defete THE Change Addition NAME MARAE STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY SI - ZIP TITLE Delete HELE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP

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12. I hereby certify that the information supplied with this hiting does not qualify for the exemptions contained in Section 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 eath; 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 offer like empowered.

SIGNATURE: Wattack Wattack Hump 4news 3-25-06 850-8661138