

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

158.75

DOCUMENT # P00000053030	
1. Entity Name RENAISSANCE DOWNTOWN DEVELOPMENT GROUP, INC.	



Principal Place of Business 2008 RIVERSIDE AVENUE SUITE 200 JACKSONVILLE, FL 32204	Mailing Address 2008 RIVERSIDE AVENUE SUITE 200 JACKSONVILLE, FL 32204
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FILED

05 MAY 12 PM 2: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01112005 No Chg-P CR2E034 (10/03)

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4. FEI Number 59-3736195	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RAXCO C/O MCBUIRE WOODS BATTLE & BOOTHE LLP 50 NORTH LAURA STREET SUITE 3300 JACKSONVILLE, FL 32202	
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JONES, CARLTON 2008 RIVERSIDE AVE STE 200 JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: Carlton Jones 4/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #