

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000053030

1. Entity Name  
RENAISSANCE DOWNTOWN DEVELOPMENT GROUP,  
INC.



Principal Place of Business  
1732 MARGARET ST  
JACKSONVILLE, FL 32204

Mailing Address  
% GATEWAY SHOPPING CENTER  
5258-12 NORWOOD AVE  
JACKSONVILLE, FL 32208

**FILED**  
**May 03, 2007 08:00 A**  
**Secretary of State**



04242007 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3736195

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**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

**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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000753544  
05/24/07-80046-021 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	JONES, CARLTON
STREET ADDRESS	1732 MARGARET ST
CITY-ST-ZIP	JACKSONVILLE, FL 32204

TITLE	
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CITY-ST-ZIP	

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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

4/25/07  
Date

904)764-7745  
Daytime Phone