



2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90025 035 ***150.00

DOCUMENT # P01000028482 1. Entity Name RENOS CONSTRUCTION INC.					
Principal Place of Business 1811 CLEARBROOK DR CLEARWATER, FL 33760			Mailing Address 1811 CLEARBROOK DR CLEARWATER, FL 33760		
2. Principal Place of Business 604 Spencer Ave.		3. Mailing Address 604 Spencer Ave.		 24024066	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Clearwater, FL		City & State Clearwater, FL			
Zip 33756		Country		4. FEI Number 59-3704858	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PASEK, MICHAEL D 6225 DALE HABRY HWY 816 TAMPA, FL 33414			7. Name and Address of New Registered Agent Name Miloslaw Machu Street Address (P.O. Box Number is Not Acceptable) 604 Spencer Ave. City Clearwater FL Zip Code 33756		
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 <u><i>Miloslaw Machu</i></u> Miloslaw Machu <u>02/20/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACHU, MILOSLAV <input type="checkbox"/> Delete 1811 CLEARBROOK DR CLEARWATER, FL 33760		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Miloslaw Machu <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 604 Spencer Ave. Clearwater, FL 33756	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Miloslaw Machu</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Miloslaw Machu President <u>02/20/04</u> <small>Date Daytime Phone #</small>		