## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 25, 2005 8:00 am Secretary of State 03-25-2005 90035 043 \*\*\*150.00

Size   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional   \$9.875 Additional	DOCUI  1. Entity Nam  RENEWA	ie	# P010000	6245	8				03-25-2005	90035 043	3 ***150	).00		
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  S. Particular of Status Desired  S. Partic	4214 LACOSTA COVE				4214 LACOSTA COVE						P1001 B1 P1  E1	MB( 1) 189)		
City & State  Country  Country  Country  S. Certificate of Status Desired  S. Certificate of Status Desi	2. Principal Place of Business				3. Mailing Address									
Signature   Country   Zip   Country   Signature   Steed Address of Current Registered Agent   Steed Address of New Registered Agent   Steed Address of New Registered Agent   Name   Name   Street Address (P.O. Box Number is Not Acceptable)	Suite, Apt. #, etc.				Suite, Apt. #, etc.				03212005	Chg-P	CR2E03	4 (10/03)		
8. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  LIGERSMA, DONALD J 4214 LACOSTA COVE BRADENTON, FL 34210  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Siste of Florida. I am familiar with, and access the obligations of registered agent and the Paperson of Pap	City & State				City & State				l				plied For t Applicable	
RELGERSMA, DONALD J 4214 LACOSTA COVE BRADENTON, FL 34210  City  City  FL  Zip Code  Date  City  FL  Zip Code  City  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  City  City  City  City  FL  Zip Code  City  C	- Zip -		Country	-	Zip Count				5. Certificate of Status Desired See Required \$8.75 Additional Fee Required					
ELGERSMA, DONALD J 4214 LACOSTA COVE BRADENTON, FL 34210  City FL Zip Code  City FL Zip Code  Streat Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 1 em familiar with, and acceptable of the obligations of registered agent.  SIGNATURE  Synature, hybrid or primed name of registered agent end site if applicable. (NOTE Registered Agent disputate required when neritating)  DATE  FILE NOWILL FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  10. OPPICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ITIE DELEGERSMA, DONALD J  SIRET ADDRESS  CITY-ST-Zip BRADENTON, FL 34210  TITLE  NAME  SIRET ADDRESS  CITY-ST-Zip Change  Addit NAME  SIRET ADDRESS  CITY-ST-Zip Change  TITLE  NAME  SIRET ADDRESS  CITY-ST-Zip Change		6. Name	and Address of Curr	ent Regis	egistered Agent			- · · · · · · · · · · · · · · · · · · ·						
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	CLOEDOM	IA DONA	ומו				Name							
City	4214 LAC	OSTA CO	VE					Street Address (P.O. Box Number is Not Acceptable)						
S. The above named onlity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accelerate the obligations of registered agent.  SIGNATURE    Signature, hyperic primed name of registered agent and title if appricable.   NOTE: Registered Agent spruture required when reinstating)   DATE							City					Zip Code		
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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 direct 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 changed, or on an attachment with an address, with all other like empowered.	12. I hereby of indicated of the core	certify that the	e information supplied it or supplemental rep he receiver or trustee e achment with an edder	with this i	illing does not qualify to and accurate and that r d to execute this report	r the exe ny signa as requi	mption stat ture shall h red by Cha	ted in Se ave the s apter 607	iction 119.07(3) same legal effe 7, Florida Statut	(i), Florida Statutes ct as if made unde es; and that my na	i, I further certi r oath; that I ar me appears in	y that the ir n an officer Block 10 o	nformation or director r Block 11 if	