

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90020 002 ***150.00

DOCUMENT # P01000083020

1. Entity Name
REN, INC.



Principal Place of Business
3428 CR 584
PALM HARBOR, FL 34684

Mailing Address
3428 CR 584
PALM HARBOR, FL 34684

24005749



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.:

Suite, Apt. #, etc.

01212004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-3739930

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIMURA, MASSAKI
314 WINCHESTER WAY
PALM HARBOR, FL 34684

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME KIMURA, MASSAKI
STREET ADDRESS 314 WINCHESTER WAY
CITY-ST-ZIP PALM HARBOR, FL 34684

TITLE ☒ Change ☐ Addition
NAME 2002 AUSTRALIA WAY
STREET ADDRESS CLEARWATER FL 33763
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KIMURA, AYAKO
STREET ADDRESS 314 WINCHESTER WAY
CITY-ST-ZIP PALM HARBOR, FL 34684

TITLE ☒ Change ☐ Addition
NAME 2002 AUSTRALIA WAY
STREET ADDRESS CLEARWATER FL 33763
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-04