

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90293 021 ***150.00

DOCUMENT # P02000011716

1. Entity Name
RENAUD REAL ESTATE SALES & MANAGEMENT, INC



Principal Place of Business
**1017 BUCIDA RD.
DELRAY BCH, FL 33483**

Mailing Address
**1017 BUCIDA RD.
DELRAY BCH, FL 33483**

94055230



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03292004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

75-2991425

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

**KIESLING, ROBERT A
4793 N. CONGRESS AVE., #206
BOYNTON BCH, FL 33426**

Name **RENAUD, MARY**

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

1017 BUCIDA RD.

DELRAY BEACH

FL 33483

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]

Signature, typed or printed name of registered agent and name applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/04

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RENAUD, MARY
1017 BUCIDA RD.
DELRAY BCH, FL 33483** ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04

Date

Daytime Phone #

561-441-0634