


**FILED**  
**Jul 15, 2004 8:00 am**  
**Secretary of State**

07-15-2004 90007 019 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P02000039424</b>			
1. Entity Name <b>RENAISSANCE SALES SOLUTIONS, INC.</b>			
Principal Place of Business <b>1134 CELEBRATION AVE CELEBRATION, FL 34747</b>		Mailing Address <b>1134 CELEBRATION AVE CELEBRATION, FL 34747</b>	
2. Principal Place of Business <b>221 E 19TH AVENUE</b>		3. Mailing Address <b>221 E 19TH AVENUE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>MOUNT DORA, FL</b>		City & State <b>MOUNT DORA, FL</b>	
Zip <b>32757</b>	Country <b>USA</b>	Zip <b>32757</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>MORGAN, HUGH 2831 RINGLING BLVD STE D-113 SARASOTA, FL 34237</b>		7. Name and Address of New Registered Agent Name <b>JEREMY MITCHELL</b> Street Address (P.O. Box Number is Not Acceptable) <b>221 E 19TH AVENUE</b> City <b>MOUNT DORA</b> FL Zip Code <b>32757</b>	
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>Jeremy Mitchell</i></u> DATE <u>07/13/04</u> <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>P MITCHELL, JEREMY 1134 CELEBRATION AVE CELEBRATION, FL 34747</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>P JEREMY MITCHELL 221 E 19TH AVENUE MOUNT DORA, FL 32757</b>	<input checked="" 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
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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>Jeremy Mitchell</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>07/13/04</u> Daytime Phone # <u>352 735 5372</u>	