

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000031009

Entity Name: RENZY INCORPORATED

FILED  
Aug 28, 2008  
Secretary of State

**Current Principal Place of Business:**

7435-1 CARRIER RD  
FT. MYERS, FL 33967

**New Principal Place of Business:**

**Current Mailing Address:**

7435-1 CARRIER RD  
FT. MYERS, FL 33967

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RENSBERGER, MARK T  
7435-1 CARRIER RD  
FT. MYERS, FL 33967      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:                      PSD                      ( ) Delete  
Name:                      RENSBERGER, MARK T  
Address:                      7435-1 CARRIER RD  
City-St-Zip:                      FT. MYERS, FL 33967

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK T. RENSBERGER

PSD

08/28/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date