

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000069909

FILED  
Apr 05, 2005  
Secretary of State

Entity Name: RENEGADE PROPERTIES OF CENTRAL FLORIDA, INC.

## Current Principal Place of Business:

55 TEAK COURSE  
OCALA, FL 34472 US

## New Principal Place of Business:

3630 SW 24TH STREET  
OCALA, FL 34474 US

## Current Mailing Address:

PO BOX 770825  
OCALA, FL 34477 US

## New Mailing Address:

3630 SW 24TH STREET  
OCALA, FL 34474 US

FEI Number: 20-1120617

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KING, WILLIAM ALLAN  
1531 SE 36TH AVENUE  
OCALA, FL 34471 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: DP ( ) Delete  
Name: HORNE, KENNETH A  
Address: PO BOX 770825  
City-St-Zip: OCALA, FL 34477

Title: DVPT ( ) Delete  
Name: MORELOCK, TOMMY C  
Address: 3630 SW 24TH STREET  
City-St-Zip: OCALA, FL 34474 US

Title: DS ( ) Delete  
Name: HAMPY, JAMIE S  
Address: 5100 SE 11TH AVENUE  
City-St-Zip: OCALA, FL 34477 US

Title: D ( ) Delete  
Name: DODGE, JOHN F  
Address: PO BOX 770825  
City-St-Zip: OCALA, FL 34477 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DS (X) Change ( ) Addition  
Name: HAMPY, DARRYL  
Address: 5100 SE 11TH AVENUE  
City-St-Zip: OCALA, FL 34477 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TOMMY CURTIS MORELOCK

DVPT

04/05/2005

Electronic Signature of Signing Officer or Director

Date