
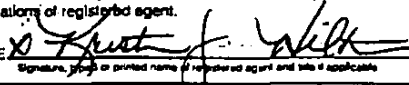
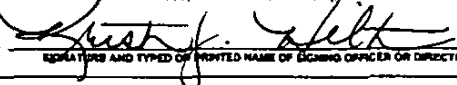


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2005 8:00 am
Secretary of State

04-27-2005 90292 024 ***150.00

DOCUMENT # P04000126699					
1. Entity Name RE-NEW-ALL PROPERTIES, INC.					
Principal Place of Business 106 CLEAR LAKE CIRCLE SANFORD, FL 32773 US			Mailing Address 106 CLEAR LAKE CIRCLE SANFORD, FL 32773 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1581171	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent HILTON, KRISTIN J 106 CLEAR LAKE CIRCLE SANFORD, FL 32773			7. Name and Address of New Registered Agent		
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 		President		4-23-05	
NOTE: Registered Agent signature required when re-appointing		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HILTON, KRISTIN J		NAME		
STREET ADDRESS	106 CLEAR LAKE CIRCLE		STREET ADDRESS		
CITY- ST- ZIP	SANFORD, FL 32773		CITY- ST- ZIP		
TITLE	P,S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HILTON, KRISTIN J		NAME		
STREET ADDRESS	106 CLEAR LAKE CIRCLE		STREET ADDRESS		
CITY- ST- ZIP	SANFORD, FL 32773		CITY- ST- ZIP		
TITLE	D,C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FARRELL, BRIAN M		NAME		
STREET ADDRESS	106 CLEAR LAKE CIRCLE		STREET ADDRESS		
CITY- ST- ZIP	SANFORD, FL 32773		CITY- ST- ZIP		
TITLE	VP,T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FARRELL, BRIAN M		NAME		
STREET ADDRESS	106 CLEAR LAKE CIRCLE		STREET ADDRESS		
CITY- ST- ZIP	SANFORD, FL 32773		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			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: 		6/7/05		321-377-5525	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		TELEPHONE #	

00000000



04142005 Chg-P CR2E034 (10/03)

4-23-05

6/7/05 321-377-5525