

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000004124

1. Entity Name
THE RENO LETTER, INC.



**FILED
Mar 10, 2005 8:00 am
Secretary of State**

03-10-2005 90153 035 ***150.00

50024166



03032005 Chg-P CR2E034 (10/03)

Principal Place of Business
POST OFFICE BOX 290127
PORT ORANGE, FL 32129

Mailing Address
POST OFFICE BOX 290127
PORT ORANGE, FL 32129

2. Principal Place of Business

3801 Woodbriar Trail

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Orange, FL

City & State

Zip
32129

Country
US

Zip
44260

Country
US

4. FEI Number

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

STORCH, GLENN D ESQ.
420 S. NOVA ROAD
DAYTONA BEACH, FL 32114

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	P OWNBY, JAMES D POST OFFICE BOX 290127 PORT ORANGE, FL 32129	<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
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: James D. Ownby

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-05

386-322-6117

Date

Daytime Phone #