

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000067491

Entity Name: RENDEROVERNIGHT, INC.

**FILED**  
**Apr 05, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

259 EASTON CIRCLE  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

259 EASTON CIRCLE  
OVIEDO, FL 32765

**New Mailing Address:**

FEI Number: 20-2858867

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PARONE, PAUL J  
259 EASTON CIRCLE  
OVIEDO, FL 32765 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: PST  
Name: PARONE, PAUL J  
Address: 259 EASTON CIRCLE  
City-St-Zip: OVIEDO, FL 32765

I hereby 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 all other like empowered.

SIGNATURE: PAUL J. PARONE

PST

04/05/2010

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

\_\_\_\_\_  
Date