

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90080 037 \*\*\*150.00

<b>DOCUMENT # P06000015770</b> 1. Entity Name <b>RENEGADE CONSTRUCTION GROUP, INC.</b>			
Principal Place of Business <b>430 E. PACKWOOD AVENUE D101 MAITLAND, FL 32751</b>		Mailing Address <b>430 E. PACKWOOD AVENUE D101 MAITLAND, FL 32751</b>	
2. Principal Place of Business - No P.O. Box # <b>870 S.E. Julia Terrace</b> Suite, Apt. #, etc.		3. Mailing Address <b>870 S.E. Julia Terrace</b> Suite, Apt. # etc. <b>P.O. Box 1763</b>	
City & State <b>Lake City FL</b>		City & State <b>Lake City FL</b>	
Zip <b>32024</b>	Country <b>USA</b>	Zip <b>32056</b>	Country <b>USA</b>
4. FEI Number <b>20-4223973</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HARRIS, MONICA L 430 E. PACKWOOD AVENUE D101 MAITLAND, FL 32751</b>		7. Name and Address of New Registered Agent Name <b>monica L. Harris</b> Street Address (P.O. Box Number is Not Acceptable) <b>870 S.E. Julia Terrace</b> <b>Lake City</b> City <b>FL</b> Zip Code <b>32024</b>	
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 <u><b>Monica L. Harris / monica L. Harris Vice President</b></u> <b>4-16-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>HARRIS, TYLER L 430 E. PACKWOOD AVENUE D101 MAITLAND, FL 32751</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P.O. Box 1763 Lake City FL 32056</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <b>HARRIS, MONICA L 430 E. PACKWOOD AVENUE D101 MAITLAND, FL 32751</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P.O. Box 1763 Lake City FL 32056</b>
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
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 exemptions contained 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 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.			
<b>SIGNATURE: <u>Monica L. Harris / monica L. Harris</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4-16-07</b> <small>Date</small>	<b>321-202-5420</b> <small>Daytime Phone #</small>