2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000000719

1. Entity Name
RENALDO DESIGN COMPANIES, INC.

Principal Place of Business	Mailing Address
3725 WEST GRACE STREET SUITE 150 TAMPA, FL 33607 US	3725 WEST GRACE STREET SUITE 150 TAMPA, FL 33607 US

01192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3156626
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RENALDO, JAMES A
3725 WEST GRCE STREET
SUITE 150
TAMPA, FL 33607

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RENALDO, PATRICIA A
STREET ADDRESS	3725 WEST GRACE STREET, SUITE 150
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	D
NAME	RENALDO, JAMES A
STREET ADDRESS	3725 WEST GRACE STREET, SUITE 150
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	D
NAME	RENALDO, DIANA
STREET ADDRESS	3725 WET GRACE STREET, SUITE 150
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	D
NAME	RENALDO, STUART J
STREET ADDRESS	3725 WEST GRACE STREET, SUITE 150
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000010379
01/22/04-80029-019 150.00

DO NOT WRITE IN THIS SPACE

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: STUART RENALDO 1/19/04 813 348-9166