2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000025186

1. Entity Name

RENÁISSANCE DESIGN BUILD GROUP OF JACKSONVILLE, INC.



Principal Place of Business

Mailing Address

1732 MARGARET STREET JACKSONVILLE, FL 32204

211

1732 MARGARET STREET JACKSONVILLE, FL 32204

US

FILED Apr 29, 2008 08:00 AM Secretary of State

Fee Required



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03272008	No Chg-P	CR2E034 (11/05)			
4. FEI Number				Applied For	
59-3179789				Not Applicable	
5. Certificate of	of Status Desired	\$8.75 Additional			

6. Name and Address of Current Registered Agent

AUSTIN, RONALD R 1400 PRUDENTIAL DR SUITE 3 JACKSONVILLE, FL 32207

SIGNATURE: _

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, typed or pinled name of registered agent and talle if applicable (NOTE Registered Agent signature required when reinstating) DATE							
		9. Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY - ST-ZIP	P JONES, CARLTON 429 ROYAL TERN ROAD S. JACKSONVILLE BEACH, FL 32250				05/22/08-80021-002 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				• .	00, 22, 50, 80021-002 150,00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental inport 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 studies 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 addressy with all other like empowered.							