

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000079987

FILED
Apr 30, 2004
Secretary of State

Entity Name: RENEGADE ENTERPRISES, INC.

Current Principal Place of Business:

4847 S. LEGEND DR.
HOMOSASSA, FL 34446

New Principal Place of Business:

Current Mailing Address:

4847 S. LEGEND DR.
HOMOSASSA, FL 34446

New Mailing Address:

FEI Number: 59-3209534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIS, SHARON
4847 S. LEGEND DRIVE
HOMOSASSA, FL 34446 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: PS () Delete
Name: HARRIS ALVIN, LUTHER
Address: 4847 S. LEGEND DR.
City-St-Zip: HOMOSASSA, FL 34446

Title: VPT () Delete
Name: HARRIS, SHARON L
Address: 4847 S. LEGEND DR.
City-St-Zip: HOMOSASSA, FL 34446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LUTHER ALVIN HARRIS

PS

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date