

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90579 004 \*\*\*150.00

**14007347**



01092004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P94000056655</b> 1. Entity Name <b>RENEGADE CHARTERS, INC.</b>					
Principal Place of Business <b>10221 WEST EMERALD COAST PARKWAY SUITE 26 DESTIN, FL 32550</b>			Mailing Address <b>10221 WEST EMERALD COAST PARKWAY SUITE 26 DESTIN, FL 32550</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State <b>MIRAMAR BEACH, FL</b>		City & State <b>MIRAMAR BEACH, FL</b>		4. FEI Number <b>59-3257826</b>	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WALLACE, W. WADE 10221 WEST EMERALD COAST PARKWAY SUITE 26 DESTIN, FL 32550</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>MIRAMAR BEACH</b> <b>FL</b> Zip Code	
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><i>W. Wade Wallace</i></u> <b>W. WADE WALLACE</b> <span style="float: right;">4/22/04</span> <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, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>VSTD</b> <input type="checkbox"/> Delete NAME <b>WALLACE, DANICE M</b> STREET ADDRESS <b>58 SARASOTA ST.</b> CITY-ST-ZIP <b>DESTIN, FL 32550</b>			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP <b>MIRAMAR BEACH, FL 32550</b>		
TITLE <b>PD</b> <input type="checkbox"/> Delete NAME <b>WALLACE, W. WADE</b> STREET ADDRESS <b>58 SARASOTA STREET</b> CITY-ST-ZIP <b>DESTIN, FL 32550</b>			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP <b>MIRAMAR BEACH, FL 32550</b>		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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: <u><i>W. Wade Wallace</i></u> <b>W. WADE WALLACE</b> <span style="float: right;">4/22/04 (850)837-0155</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					