


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000056655
 1. Entity Name
 RENEGADE CHARTERS, INC.



Principal Place of Business Mailing Address
 10221 WEST EMERALD COAST PARKWAY 10221 WEST EMERALD COAST PARKWAY
 SUITE 26 SUITE 26
 MIRAMAR BEACH, FL 32550 MIRAMAR BEACH, FL 32550



04202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEJ Number Applied For
 59-3257826 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALLACE, W. WADE
 10221 WEST EMERALD COAST PARKWAY
 SUITE 26
 MIRAMAR BEACH, FL 32550

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 re-instating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

U00000327017
 04/21/05-80103-010 150.00

10. OFFICERS AND DIRECTORS

TITLE: VSTD
 NAME: WALLACE, DANICE M
 STREET ADDRESS: 58 SARASOTA ST.
 CITY-ST-ZIP: MIRAMAR BEACH, FL 32550

TITLE: PD
 NAME: WALLACE, W. WADE
 STREET ADDRESS: 58 SARASOTA STREET
 CITY-ST-ZIP: MIRAMAR BEACH, FL 32550

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: W. Wade Wallace W. Wade Wallace
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/05
Date

(850) 837-0155
Daytime Phone #