

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000088138
 1. Entity Name
 RENE'S AFTER FORE, INC.



Principal Place of Business: 7050 WINKLER ROAD, FORT MYERS, FL 33919 US
 Mailing Address: 7050 WINKLER ROAD, FORT MYERS, FL 33919 US

DO NOT WRITE IN THIS SPACE



03132004 No Chg-P. CR2E034 (10/03)
 4. FEI Number: 65-0707116 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 TURGEON, RENE P
 12715-3 MCGREGOR BOULEVARD
 FORT MYERS, FL 33919

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

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

U00000094902
 03/24/04-80010-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TURGEON, RENE P
STREET ADDRESS	7798 CAMERON CIR
CITY - ST - ZIP	FORT MYERS, FL 33919
TITLE	D
NAME	TURGEON, BARBARA C
STREET ADDRESS	529 SANFORD DRIVE
CITY - ST - ZIP	FORT MYERS, FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

Ck # 3067

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)(b), 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: *[Signature]* X 3/16/04 X 239-561-5341
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #