


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90034 009 ***150.00

DOCUMENT # P97000040561					
1. Entity Name RENALT CORPORATION					
Principal Place of Business 1111 BAYSHORE BLVD UNIT A-15 CLEARWATER, FL 33759 US			Mailing Address 1111 BAYSHORE BLVD UNIT A-15 CLEARWATER, FL 33759 US		
2. Principal Place of Business 3041 LANDMARK BLVD #901		3. Mailing Address 3041 LANDMARK BLVD. #901			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PALM HARBOR, FL		City & State PALM HARBOR, FL		4. FEI Number 59-3446283	
Zip 34684		Country PINELLAS		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOICK, WALTER J 1111 BAYSHORE BLVD UNIT A-15 CLEARWATER, FL 33759		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3041 LANDMARK BLVD. #901 PALM HARBOR City FL Zip Code 34684			
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>Walter J. Loick</u> <i>Walter J. Loick</i> <u>2/10/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT <input type="checkbox"/> Delete WALTER J LOICK 1111 BAYSHORE BLVD #A-15 CLEARWATER, FL 33759				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS <input type="checkbox"/> Delete RENA H LOICK 1111 BAYSHORE BLVD #A-15 CLEARWATER, FL 33759				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete HARVEY BORTNER 800 SNUG ISLAND CLEARWATER, FL 33767				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3041 LANDMARK BLVD. #901 PALM HARBOR, FL 34684				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3041 LANDMARK BLVD. #901 PALM HARBOR, FL 34684				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HARVEY BORTNER 800 SNUG ISLAND CLEARWATER, FL 33767				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>WALTER J. LOICK</u> <i>Walter J. Loick</i> <u>2/10/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					