


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000045533
1. Entity Name
RENEK, INC.



Principal Place of Business
**111 CHESTNUT CIRCLE
SAFETY HARBOR, FL 34695**

Mailing Address
**111 CHESTNUT CIRCLE
SAFETY HARBOR, FL 34695**

DO NOT WRITE IN THIS SPACE



02272006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3454149

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**LADOLCETTA, ANTHONY
111 CHESTNUT CIRCLE
SAFETY HARBOR, FL 34695**

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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 reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

**110000461048
03/20/06 60034-017 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LADOLCETTA, ANGELA C
STREET ADDRESS	111 CHESTNUT CIRCLE
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	SD
NAME	LADOLCETTA, ANTHONY
STREET ADDRESS	111 CHESTNUT CIRCLE
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: Anthony Ladolcetta **3-6-00** **727-726-7162**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #