

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 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



07102007 No Chg-P CR2E034 (11/05)

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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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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
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LADOLCETTA, ANGELA C 111 CHESTNUT CIRCLE SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LADOLCETTA, ANTHONY 111 CHESTNUT CIRCLE SAFETY HARBOR, FL 34695
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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: *[Signature]* 7-18-07 727-726-7162
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #