

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90095 015 ***158.75

DOCUMENT # P98000049168

1. Entity Name
RNW, INC.



Principal Place of Business

1007 OCEANWALK DR
FERNANDINA BCH, FL 33801

Mailing Address

P.O. BOX 15817
FERNANDINA BEACH, FL 32035

2. Principal Place of Business

870 N COCOA BLVD

3. Mailing Address

P.O. BOX 560558

Suite, Apt. #, etc.

SUITE C

Suite, Apt. #, etc.

City & State

COCOA FL

City & State

ROCKLEDGE FL

Zip

32922

Country

US

Zip

32956

Country

US

04122006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-3524657

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERGUSON, RICHARD
1007 OCEANWALK DR
FERNANDINA BEACH, FL 32034

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	FERGUSON, RICHARD	
STREET ADDRESS	1007 OCEANWALK DR	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HILSON, WILLIAM	
STREET ADDRESS	6745 S. TROPICAL TR.	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE	DST	<input type="checkbox"/> Delete
NAME	HOUHA, NANCY	
STREET ADDRESS	932 EVERETT RD	
CITY-ST-ZIP	PISGAH FOREST, NC 28768	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #