

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000078164

Entity Name: RENNY, INCORPORATED

FILED  
Mar 23, 2009  
Secretary of State

## Current Principal Place of Business:

9220 NW 94TH STREET  
SUNRISE, FL 33351

## New Principal Place of Business:

3507 LEE BLVD  
STE #204  
LEHIGH ACRES, FL 33971

## Current Mailing Address:

9220 NW 94TH STREET  
SUNRISE, FL 33351

## New Mailing Address:

PO BOX 1167  
LEHIGH ACRES, FL 33970

FEI Number: 65-0862677

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ORLEBAR, RENFORD  
9220 NW 54TH ST  
SUNRISE, FL 33351 US

## Name and Address of New Registered Agent:

ORLEBAR, RENFORD  
18161 HORIZON VIEW BLVD  
LEHIGH ACRES, FL 33972 US

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.

SIGNATURE:

03/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: S ( ) Delete  
Name: ORLEBNR, SIMONE M  
Address: 9220 NW 94TH STREET  
City-St-Zip: SUNRISE, FL 33351

Title: S ( ) Delete  
Name: ORLEBAR, SIMONE M  
Address: 9220 NW 94TH STREET  
City-St-Zip: SUNRISE, FL 33351

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition  
Name: ORLEBNR, SIMONE M  
Address: 18161 HORIZON VIEW BLVD  
City-St-Zip: LEHIGH ACRES, FL 33972

Title: S (X) Change ( ) Addition  
Name: ORLEBAR, SIMONE M  
Address: 18161 HORIZON VIEW BLVD  
City-St-Zip: LEHIGH ACRES, FL 33972

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RENFORD ORLEBAR

RA

03/23/2009

Electronic Signature of Signing Officer or Director

Date