

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000083738

Entity Name: RENAS WILD WEAR, INC.

FILED
Apr 29, 2004
Secretary of State

Current Principal Place of Business:

36649 US HWY 19 NORTH
PALM HARBOR, FL 34684 US

New Principal Place of Business:

Current Mailing Address:

1003 TOSKI DRIVE
NEW PORT RICHEY, FL 34655

New Mailing Address:

FEI Number: 59-3535434

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENNEBERRY, TIMOTHY L
1003 TASKI DR
NEW PORT RICHEY, FL 34655

Name and Address of New Registered Agent:

HENNEBERRY, TIMOTHY L
1003 TOSKI DR
NEW PORT RICHEY, FL 34655

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:

Electronic Signature of Registered Agent

04/29/2004

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: HENNEBERRY, TIMOTHY
Address: 1003 TOSKI DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: SVD () Delete
Name: ROGERS, ERIN
Address: 1003 TOSKI DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TIMOTHY HENNEBERRY

PTD

04/29/2004

Electronic Signature of Signing Officer or Director

Date