2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000095581

1. Entity Name
RENAR GCI, INC.

Principal Place of Business	Mailing Address
3350 NW ROYAL OAK DR.	3350 NW ROYAL OAK DR.
JENSEN BCH, FL 34957	JENSEN BCH, FL 34957

DO NOT WRITE IN THIS SPACE

03242004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0875860	Not Applicable

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

6. Name and Address of Current Registered Agent

FOX, LANNING
1100 S. FEDERAL HWY.
STUART, FL 34994

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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_____
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, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	100000099703 03/31/04-80017-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DOSS, ARDEN JR.
STREET ADDRESS	3350 NW ROYAL OAK DR.
CITY-ST-ZIP	JENSEN BCH, FL 34957
TITLE	DCV
NAME	DOSS, RENEE M
STREET ADDRESS	3350 NW ROYAL OAK DR.
CITY-ST-ZIP	JENSEN BCH, FL 34957
TITLE	V
NAME	MOTTRAM, JEFFREY S
STREET ADDRESS	3350 NW ROYAL OAK DRIVE
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	ST
NAME	ROWE, RHONDA S
STREET ADDRESS	3350 NW ROYAL OAK DR
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____*Rhonda S Rowe*_____   3/26/04   (772) 692-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

Rhonda S Rowe