



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90421 041 \*\*\*150.00

<b>DOCUMENT # P98000095581</b>					
<b>1. Entity Name</b> RENAR GCI, INC.					
<b>Principal Place of Business</b> 3350 NW ROYAL OAK DR. JENSEN BCH, FL 34957			<b>Mailing Address</b> 3350 NW ROYAL OAK DR. JENSEN BCH, FL 34957		
<b>2. Principal Place of Business - No P.O. Box #</b> 3731 N.E. PINEAPPLE AVE. Suite, Apt. #, etc. SUITE C 200 City & State JENSEN BEACH, FL Zip 34957 Country USA		<b>3. Mailing Address</b> 3731 N.E. PINEAPPLE AVE. Suite, Apt. #, etc. SUITE C 200 City & State JENSEN BEACH, FL Zip 34957 Country USA			
<b>4. FEI Number</b> 02122007      Chg-P      CR2E034 (12/06) 65-0875860				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>6. Name and Address of Current Registered Agent</b> FOX, M LANNING 3473 S.E. WILLOUGHBY BLVD. STUART, FL 34994	
<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL      Zip Code				<b>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.</b> SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b> DP <b>NAME</b> DOSS, ARDEN JR. <b>STREET ADDRESS</b> 3350 NW ROYAL OAK DR. <b>CITY-ST-ZIP</b> JENSEN BCH, FL 34957	<input type="checkbox"/> Delete				
<b>TITLE</b> CSTD <b>NAME</b> DOSS, RENEE M <b>STREET ADDRESS</b> 3350 NW ROYAL OAK DR. <b>CITY-ST-ZIP</b> JENSEN BCH, FL 34957	<input type="checkbox"/> Delete				
<b>TITLE</b> V <b>NAME</b> MOTTRAM, JEFFREY S <b>STREET ADDRESS</b> 3350 NW ROYAL OAK DRIVE <b>CITY-ST-ZIP</b> JENSEN BEACH, FL 34957	<input type="checkbox"/> Delete				
<b>TITLE</b> VST <b>NAME</b> ROWE, RHONDA S <b>STREET ADDRESS</b> 3350 NW ROYAL OAK DR <b>CITY-ST-ZIP</b> JENSEN BEACH, FL 34957	<input type="checkbox"/> Delete				
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete				
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> 3731 N.E. PINEAPPLE AVE. - SUITE C 200 <b>CITY-ST-ZIP</b> JENSEN BEACH, FL 34957	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> 3731 N.E. PINEAPPLE AVE. - SUITE C 200 <b>CITY-ST-ZIP</b> JENSEN BEACH, FL 34957	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> 200 COLONIAL CENTER PARKWAY - SUITE 130 <b>CITY-ST-ZIP</b> LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> 3731 N.E. PINEAPPLE AVE. - SUITE C 200 <b>CITY-ST-ZIP</b> JENSEN BEACH, FL 34957	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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.</b>					
<b>SIGNATURE:</b> <u>RENEE M. DOSS</u> 4/24/07      772-692-7800 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					