



2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-30-2007 90421 040 ***150.00

DOCUMENT # P99000056997					
1. Entity Name RENAR GCII, INC.					
Principal Place of Business 3350 NW ROYAL OAK DRIVE JENSEN BEACH, FL 34957			Mailing Address 3350 NW ROYAL OAK DRIVE JENSEN BEACH, FL 34957		
2. Principal Place of Business - No P.O. Box # 3731 N.E. PINEAPPLE AVE. Suite, Apt. #, etc. SUITE C 200		3. Mailing Address 3731 N.E. PINEAPPLE AVE. Suite, Apt. #, etc. SUITE C 200			
City & State JENSEN BEACH, FL		City & State JENSEN BEACH, FL		02122007 Chg-P CR2E034 (12/06)	
Zip 34957		Country USA		4. FEI Number 65-0930884	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FOX, M. LANNING 3473 SE WILLOUGHBY BLVD STUART, FL 34994			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DP NAME DOSS, ARDEN JR STREET ADDRESS 3350 NW ROYAL OAK DRIVE CITY-ST-ZIP JENSEN BEACH, FL 34957	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 3731 N.E. PINEAPPLE AVE. - SUITE C 200 CITY-ST-ZIP JENSEN BEACH, FL 34957	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE CSTD NAME DOSS, RENEE M STREET ADDRESS 3350 NW ROYAL OAK DR CITY-ST-ZIP JENSEN BEACH, FL 34957	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 3731 N.E. PINEAPPLE AVE. - SUITE C 200 CITY-ST-ZIP JENSEN BEACH, FL 34957	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME MOTTRAM, JEFFREY STREET ADDRESS 3350 NW ROYAL OAK DRIVE CITY-ST-ZIP JENSEN BEACH, FL 34957	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 200 COLONIAL CENTER PARKWAY - SUITE 130 CITY-ST-ZIP LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VST NAME ROWE, RHONDA S STREET ADDRESS 3350 NW ROYAL OAK DRIVE CITY-ST-ZIP JENSEN BEACH, FL 34957	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 3731 N.E. PINEAPPLE AVE. - SUITE C 200 CITY-ST-ZIP JENSEN BEACH, FL 34957	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>RENEE' M. DOSS</u> <u>4/24/07</u> <u>772-692-7800</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					