

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90027 006 ***150.00

DOCUMENT # P99000091945 1. Entity Name RENA FOUR, INC.																											
Principal Place of Business 2200 N. PONCE DE LEON BLVD #10 ST AUGUSTINE, FL 32084		Mailing Address 2200 N. PONCE DE LEON BLVD #10 ST AUGUSTINE, FL 32084																									
2. Principal Place of Business - No P.O. Box # 2825 Lewis Speedway		3. Mailing Address 2825 Lewis Speedway																									
Suite, Apt. #, etc. Suite 104		Suite, Apt. #, etc. Suite 104																									
City & State St. Augustine, FL		City & State St. Augustine, FL																									
Zip 32084		Zip 32084																									
Country 		Country 																									
4. FEI Number 59-3602351		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent O'CONNELL, HENRY 2200 N PONCE DE LEON BLVD STE 10 ST AUGUSTINE, FL 32084		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2825 Lewis Speedway Suite 104 City St. Augustine, FL Zip Code 32084																									
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent of both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u></u> 7/18/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																											
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																									
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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.																											
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