

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # S22497 1. Entity Name RENASCORP, INC.	
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Principal Place of Business % JANE DAY STUART P.O. BOX 1428 PONTE VEDRA BCH, FL 32004-1428	Mailing Address % JANE DAY STUART P.O. BOX 1428 PONTE VEDRA BCH, FL 32004-1428
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01222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3052354	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

STUART, JANE DAY
1101 PONTE VEDRA BLVD.
PONTE VEDRA BCH, FL 32082

**DO NOT WRITE
IN THIS SPACE**

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

U000000032281
02/04/04-20183-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS STUART, JANE DAY 1101 PONTE VEDRA BLVD. PONTE VEDRA BCH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T STUART, JANE DAY 1101 PONTE VEDRA BLVD. PONTE VEDRA BCH, FL
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**DO NOT WRITE
IN THIS SPACE**

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:

Jane Day Stuart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/04
Date

904-285-7063
Daytime Phone #