

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V08308

1. Entity Name  
RENFRO REALTY, INC.

Principal Place of Business

642 DORAL LANE  
SUITE 210  
MELBOURNE, FL 32940 US

Mailing Address

P.O. BOX 410247  
MELBOURNE, FL 32941-0247 US

DO NOT WRITE IN THIS SPACE

01232007 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3104687Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

RENFRO, ROBERT M.  
7331 OFFICE PAVA PLACE  
MELBOURNE, FL 32940DO 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, 2007 Fee will be \$550.009. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

400088464834

02/16/07--01005--013 \*\*200.00

## 10. OFFICERS AND DIRECTORS

TITLE PDST  
NAME RENFRO, ROBERT M.  
STREET ADDRESS 642 DORAL LANE  
CITY-ST-ZIP MELBOURNE, FLTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
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CITY-ST-ZIPTITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIPDO NOT WRITE  
IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #