

2005 FOR PROFIT CORPORATION ANNUAL REPORT

1/10/

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-10-2005 90029 009 ***150.00

DOCUMENT # P04000034715 1. Entity Name RANDALLMADE KNIVES, INC.					
Principal Place of Business 4857 SOUTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32839			Mailing Address 4857 SOUTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32839		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		66000595 01042005 Chg-P CR2E034 (10/03)	
City & State		City & State			
Zip Country		Zip Country			
4. FEI Number 34-1986355		Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent A.G.C. CO. 200 SOUTH ORANGE AVENUE SUNTRUST CENTER - SUITE 2300 ORLANDO, FL 32802	
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 _____ DATE _____ (Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating))	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANDALL, GARY T 1457 WILLIAMS DRIVE WINTER PARK, FL 32789	☐ Delete			
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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: <u><i>Gary Randall</i></u> 1-4-05 407-855-8075 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		