


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90045 006 ***150.00

DOCUMENT # 246019	
1. Entity Name RANDOL REALTY, INC.	

Principal Place of Business 3221 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952	Mailing Address 3221 TAMIAMI TRAIL PORT CHARLOTTE FLA, 33952
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14003345



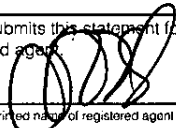
2. Principal Place of Business	3. Mailing Address PO Drawer 511447
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04062004 Chg-P CR2E034 (10/03)

City & State	City & State Punta Gorda, FL
Zip	Country USA
Country	Zip 33951-1447

4. FEI Number 59-0876281	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 RANDOL, MONROE G 3221 TAMIAMI TRAIL PORT CHARLOTTE, FL	
7. Name and Address of New Registered Agent Name Jack O. Hackett II Street Address (P.O. Box Number is Not Acceptable) 99 Nesbit St. City Punta Gorda FL Zip Code 33950	

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RANDOL, MONROE G 131 SE CREEK DR PORT CHARLOTTE, FL <input checked="" 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	P DEPENBROCK, CAROLYN R 186 DEERFIELD AVE PORT CHARLOTTE, FL 33952 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAROLYN SUE DEPENBROCK 186 Deerfield Ave. Port Charlotte, FL 33952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST DRAWDY, CYNTHIA R 24502 NOVA LN PORT CHARLOTTE, FL 33980 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST CYNTHIA LOU DRAWDY 24502-Nova Lane Port Charlotte, FL 33980 <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
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 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: CYNTHIA LOU DRAWDY V.P. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 4/8/04 (941) 625-4193 Daytime Phone #