

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 246019

1. Entity Name
RANDOL REALTY, INC.



**FILED
Mar 08, 2005 8:00 am
Secretary of State**

03-08-2005 90175 050 ***150.00

Principal Place of Business

3221 TAMiami TRAIL
PORT CHARLOTTE, FL 33952

Mailing Address

P.O DRAWER 511447
PUNTA GORDA, FL 33951-1447

2. Principal Place of Business

3. Mailing Address

99 NESBIT STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PUNTA GORDA, FL

Zip

Zip

33950

Country

US

01062005 Chg-P CR2E034 (10/03)

4. FEI Number
59-0876281

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HACKETT, JACK O II
99 NESBIT ST.
PUNTA GORDA, FL 33950

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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution:

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
DEPENBROCK, CAROLYN R
186 DEERFIELD AVE
PORT CHARLOTTE, FL 33952

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPST
DRAWDY, CYNTHIA R
24502 NOVA LN
PORT CHARLOTTE, FL 33980

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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 Drawdy Cynthia Drawdy*

2/25/05
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR