


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-08-2005 90175 050 \*\*\*150.00

<b>DOCUMENT # 246019</b> 1. Entity Name RANDOL REALTY, INC.					
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 <b>99 NESBIT STREET</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>PUNTA GORDA, FL</b>		4. FEI Number <b>59-0876281</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
<b>33950</b>		<b>US</b>		01062005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>HACKETT, JACK O II</b> <b>99 NESBIT ST.</b> <b>PUNTA GORDA, FL 33950</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PD DEPENBROCK, CAROLYN R 186 DEERFIELD AVE PORT CHARLOTTE, FL 33952		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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		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	
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: <u>Cynthia Drawdy Cynthia Drawdy</u> <u>2/25/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					