## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCU 1. Entity Nam RANDI L.				FILED Apr 09, 2005 08:00 AM Secretary of State							
Principal Place of Business 501 PALMETTO AVENUE GREEN COVE SPRINGS FL 32043			PO B	Mailing Address PO BOX 65386 ORANGE PARK FL 32065							
2. Principal Place of Business			<b>3.</b> Mai	3. Mailing Address							· ••··
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.			1 s	st MOORE C	R2E034	(10/04)	
City & State			City	& State		4. FEI Number 65-1026281				Applied For Not Applicable	
Zip	Country		Zip	Zip Cour		etry	5. Certificate of Status Desired				
6. Name and Address of Current I				ed Agent	-	Name	7. Name and	d Address of New Re	gistered /	(gent	
HILL, RANDI L 501 PALMETTO AVENUE GREEN COVE SPRINGS FL 32043						Street Address (	P.O. Box Numb	per is Not Acceptable)	FL	Zip Co	ode
	named entity tions of registe	submits this statement red agent.	t for the purp	ose of changing its	register	ed office or register	red agent, or bo	oth, in the State of Flori	ida. I am i	amiliar wit	h, and accept
SIGNATURE.	Signature, Nood o	r printed name of registered ag	ent and tile if oor	reable (NOTE	Registere	d Agent signature réquired	i when reinstating?	<u> </u>	DATE	•	·
After	ILE NOW!!! May 1, 200!	FEE IS \$150.00 Fee Will Be \$550. Florida Department	00					9. Election Campaig Trust Fund Contr	gn Financi		5.00 May Be ided to Fees
10.	1	OFFICERS AN	ID DIRECTO	<del></del>	11.		ADDITIONS	I /CHANGES TO OFFIC	ERS AND	DIRECTO	<del></del>
NAME STREET ADDRESS CITY-ST-ZIP	1	II L TTO AVENUE VE SPRINGS FL 320:	43	☐ Delete		1		04/09/05-80	5613 075-07	□ Change 23 <b>1</b> 50	e □ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					,	☐ Change	e Addition
INLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1				Change	Addition
THLE NAME STREET ADDRESS CHY-ST-ZIP				☐ Delete						☐ Change	Addifir -
NAME STREET ADDRESS CITY-SI-ZIP				☐ Delete		1				☐ Change	Adviiii
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		EY ADDRESS S1-4P				Change	Additic
indicated of the cor	on this report poration or the	information supplied w or supplemental repor receiver or trustee en chment with an address	t is true and a powered to	accurate and that mexecute this report :	ıv sianat	ure shall bave the s	same legal effe	ct as if made under pa	th: that La	m an offici	er or director
SIGNAT	URE:	SIGNATURE AND TYPED O	OR OR	٠١/	6/07 Date	(904	() 276 Ivisme Phone #	-1.0As			