

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90381 002 ***158.75

DOCUMENT # P00000067962

1. Entity Name
RANDY'S AUTOMOTIVE SERVICE, INC.



Principal Place of Business
**1844 KINGS AVENUE
JACKSONVILLE, FL 32207**

Mailing Address
**1355 INGLESIDE AVENUE
JACKSONVILLE, FL 32205**

44040599



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04232004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3659394

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**EDWARDS, LINDA
1355 INGLESIDE AVENUE
JACKSONVILLE, FL 32205**

7. Name and Address of New Registered Agent

Name **William R Edwards JR**
Street Address (P.O. Box Number is Not Acceptable) **1355 Ingleside Ave**
City **Jacksonville** FL Zip Code **32205**

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 **William R. Edwards Jr**

DATE **4/27/04**

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> Delete
NAME	EDWARDS, WILLIAM R JR.	
STREET ADDRESS	1355 INGLESIDE AVENUE	
CITY-ST-ZIP	JACKSONVILLE, FL 32205	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	EDWARDS, LINDA R	
STREET ADDRESS	1355 INGLESIDE AVENUE	
CITY-ST-ZIP	JACKSONVILLE, FL 32205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **William R. Edwards Jr**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/27/04** (904) 396-3611
Date Daytime Phone #