2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P00000078217

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



FILED Jan 12, 2004 08:00 AM Secretary of State

Principal Place of Business

2955 MIDDLE ROAD FORT PIERCE, FL 34981

Mailing Address 2955 MIDDLE ROAD FORT PIERCE, FL 34981



٠	1002007 110 0119	J		
4.	FEI Number		Applied For	
	65-1033258		Not Applicable	
_	Cartificate of Status Desired		\$8.75 Additional	

CR2E034 (10/03)

Fee Required

6. Name and Address of Current Registered Agent

MINOR, RANDALL 2955 MIDDLE ROAD FORT PIERCE, FL 34981

DO NOT WRITE IN THIS SPACE

AARRODA - No Cho-D

5. Certificate of Status Desired

		\$				
	named entity submits this statement for the clions of registered agent.	ourpose of changing its registered	office or n	egistered agent, or boti	n, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title	Magnilophia MOTE Registered	Anna รักกรณะ	required when reinstaling)	· DATE	
	Official profession of the street of the str			1		
FILE NOWIII FEE IS \$150.00 . After May 1, 2004 Fee will be \$550.00		 Election Campaign Finance Trust Fund Contribution. 	ing 🗆	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MINOR, RANDALL 2955 MIDDLE ROAD FORT PIERCE, FL 34981	•		UGOOOOOQ1941		
NAME STREET ADDRESS CITY-ST-ZIP			01/12/04-80032-088 150.00			
THE NAME STREET ADDRESS CHY-ST-ZIP				DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					· ·	
TITLE NAME STREET ADDRESS CITY+ST-ZIP		V da iliano d			-	
12. I hereby indicated	certify that the information supplied with this don this report or supplemental report is true	illing does not qualify for the exer and accurate and that my signate	nption state ure shall ha	ed in Section 119.07(3)(we the same legal effect), Florida Statutes. Tiurther certify that the information it 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 changed, or on an attachment with an address, with all other like empowered.

IGNING OFFICER OR DIRECTOR SIGNATURE: