## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 07, 2005 08:00 AM Secretary of State

DOCUMENT # P00000078217  1. Entity Name RANDY'S LAWN SERVICE, INC.			Secretary of State	
Principal Place of Business	Mailing Address		1	
2955 MIDDLE ROAD FORT PIERCE, FL 34981	2955 MIDDLE ROAD FORT PIERCE, FL 34981	I		unet 11 1881
-				
			02262005 No Chg-P CR2E034 (10/03)	
DO NOT WRITE IN THIS SPA		PACE	65-1033258 No	plied For t Applicable
			5. Certificate of Status Desired	itional L
6. Name and Address of	Current Registered Agent			
MINOR, RANDALL - 2955 MIDDLE ROAD FORT PIERCE, FL 34981			DO NOT WRITE IN THIS SPACE	
the obligations of registered agent.	ement for the purpose of changing its re	egistered office or registe	ered agent, or both, in the State of Florida. I am familiar with,	and accept
SIGNATURE Signature, typed or printed name of regist	ered agent and title if applicable. (NOTE:	Registered Agent signature require	ed when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.		n Financing \$5 oution.	5.00 May Be ded to Fees	
	RS AND DIRECTORS			
TITLE P				
NAME MINOR, RANDALL				
STREET ADDRESS 2955 MIDDLE ROAD	1			

03/07/05-80062-010 150.00 CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #