2005 FOR PROFIT CORPORATION ANNUAL REPORT

Rence Randell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

FILED Apr 16, 2005 08:00 AM Secretary of State

561-2483049 Daylime Phone #

	WIZITOWN IN	(E) (O) ()	-	
DOCUMENT # P01000036990 1. Entity Name RANDELL INCORPORATED				Secretary of State
				·
Principal Place of Business Mailing Address 1161 DOLPHIN ROAD 1161 DOLPHIN ROAD				
SINGER ISLA	ND, FL 33404	SINGER ISLAND, FL 33404		
	OO NOT WRITE II	N THIS SPA	CE	03302005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For
•		g and the second of the second		65-1101258 Not Applicable 5 Certificate of Status Deciral \$8.75 Additional
			7	5. Certificate of Status Desired Fee Required
6. Name and Address of Current Registered Agent				
RANDELL, RENEE 1161 DOLPHIN ROAD				DO NOT WRITE
SINGER ISLAND, FL 33404				IN THIS SPACE
R The above	named antitu submits this statement for the	ournose of changing its register		ed agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent appours required when reinstating) OATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND DIREC	CTORS		
TITLE NAME	D RANDELL, RENEE L			
STREET ADDRESS CITY-ST-ZIP	1161 DOLPHIN ROAD SINGER ISLAND, FL 33404		Marketine and S. Carles and	000000303302 04716705-80030-825 150.00
TITLE NAME STREET ADDRESS CITY+ST-ZIP				
TITLE NAME STREET ADDRESS				DO NOT WOITE
CITY-ST-ZIP				DO NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
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name Street adoress City-St-Zip				
TITLE	<u> </u>			
name Street address		1		and the second s
CITY-ST-ZIP	<u></u>	<u> </u>		The state of the s
12. I hereby of indicated of the cor changed,	certify that the information supplied with this fil on this report or supplemental report is true a poration or the receiver or trustee empowers or on an attachment with an address, with all	ling does not qualify for the exer and accurate and that my signati I to execute this report as requir I other like empowered.	mption stated in Sec ure shall have the s ed by Chapter 607,	ction 119.07(3)(i). Florida Statutes. I further certify that the information ame legal effect as if made under oath; that I am an officer or director florida Statutes; and that my name appears in Block 10 or Block 11 if