

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90031 018 \*\*\*150.00

**DOCUMENT # P02000038580**

1. Entity Name

RANDY FLETCHER LANDSCAPE DESIGNS, INC.



Principal Place of Business

607 W HOLLYWOOD BLVD  
MARY ESTHER FL 32569

504 Circle Dr. N.W.  
FT. WALTON Bch., FL. 32548

Mailing Address

607 W HOLLYWOOD BLVD  
MARY ESTHER FL 32569

504 Circle Dr. N.W.  
FT. WALTON Bch., FL. 32548

2. Principal Place of Business - No P.O. Box #

504 Circle Dr. N.W.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. WALTON Bch. FL.

City & State

FT. WALTON Bch. FL.

Zip

32548

Country

Zip

32548

Country

USA

1st MOORE

CR2E034 (10/07)

4. FEI Number

01-0687654

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FLETCHER, RANDOLPH  
607 W HOLLYWOOD BLVD  
MARY ESTHER FL 32569

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Randolph R. Fletcher

President

April 28, '08

Signature, typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when not statutory)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME FLETCHER, RANDOLPH  
STREET ADDRESS 607 W HOLLYWOOD BLVD  
CITY-ST-ZIP MARY ESTHER FL 32569  
504 Circle Dr. N.W.  
FT. Walton Bch. FL.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Randolph R. Fletcher

President

April 28, '08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Case

Daytime Phone #