

2005 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC -2 AM 10: 36

DOCUMENT # P02000067325

1. Entity Name
RANDY'S BULLDOG TREE CO, INC.



Principal Place of Business
4395 NW 10 TERR
FT LAUDERDALE, FL 33309

Mailing Address
4395 NW 10 TERR
FT LAUDERDALE, FL 33309

REINSTATEMENT 05



07142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-0018204

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCLAUGHLIN, RANDY
4395 NW 10 TERR
FT LAUDERDALE, FL 33309

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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 Mclaughlin Randy
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/26/05
DATE

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MILLER, JAY R
STREET ADDRESS	4171 NW 12 AVE
CITY- ST- ZIP	FORT LAUDERDALE, FL 33309
TITLE	VP
NAME	MCLAUGHLIN, YUDI R
STREET ADDRESS	4395 NW 10 TERR
CITY- ST- ZIP	FORT LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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12/02/05--01041--013 **750.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/05
Date

946580252
Daytime Phone #