


**FILED**  
**Aug 23, 2004 8:00 am**  
**Secretary of State**

08-05-2004 90007 029 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P03000035310</b>			
1. Entity Name <b>RANDALL MASONRY CRAFTS, INC.</b>			
Principal Place of Business <b>4633 RAMBLING WAY MILTON, FL 32570</b>		Mailing Address <b>4633 RAMBLING WAY MILTON, FL 32570</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>13-7245391</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>RANDALL, DENNIS 4633 RAMBLING WAY MILTON, FL 32570</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RANDALL, DENNIS 4633 RAMBLING WAY MILTON, FL 32570 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <i>Dennis Randall</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR</small>		1 850 380 4654 <small>Office Phone #</small>	

8/3/04

66432461

Attachment

#P03000035320

**Randall Masonry Crafts, Inc.**

4633 Rambling Way  
Pace, FL 32571  
Phone (850) 380-4654

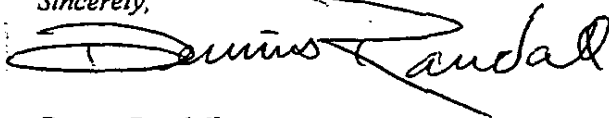
July 29, 2004

Division of Corporations  
P.O. Box 6198  
Tallahassee, FL 32314

To Whom it May Concern:

*I received a Notice of Dissolution. I do not recall receiving a notice to file from the Florida Department of State as I always have. I am requesting the penalty be waived on my renewal because I did not receive a notice to file. I have enclosed a \$150 check payable to Florida Department of State to renew my corporation. If you have any questions, please contact me at (850) 981-1612. Thank you for your time and assistance.*

Sincerely,



Dennis Randall  
President