## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered

## Mar 15, 2005 8:00 am Secretary of State DOCUMENT # P03000053117 1. Entity Name 03-15-2005 90044 008 \*\*\*150.00 RANDAL S. BROWN, INC. Principal Place of Business Mailing Address 13825 OSPREY LINKS RD. 13825 OSPREY LINKS RD. JUU4/U43 ORLANDO FL 32837 ORLANDO FL 32837 2. Principal Place of Business 3. Mailing Address 6517 BANNER LAKE CIR. 6517 BANNERLAKE CIR. Suite, Apt.#, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 56-2356616 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RANDAL BROWN S RANDAL, BROWN S Street Address (P.O. Box Number is Not Acceptable) 13825 OSPREY LINKS RD. #251 6517 BANNER LAKE CIR. #15102 ORLANDO FL 32837 Zip Code 3 2821 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1; 2005 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition RANDAL, BROWN S. RANDAL, BROWN S NAME NAME 6517 BANNER LAKE CIA. \$15102 STREET ADDRESS 13825 OSPREY LINKS RD., #251 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32837 CITY-ST-ZIP ORLANDO, FL. 32821 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7(P 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

FILED

March 9, 2005 407) 662-0107