

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90174 017 \*\*\*150.00

**DOCUMENT # P03000060580**

1. Entity Name

L. RANDOLPH ENTERPRISES, INC.



Principal Place of Business

6041 10TH AVE NO #125  
GREENACRES FL 33463

Mailing Address

6041 10TH AVE NO #125  
GREENACRES FL 33463



2. Principal Place of Business

930 SAINT GEORGE STR

3. Mailing Address

930 SAINT GEORGE STR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

WEST PALM BCH

City & State

WEST PALM BCH

4. FEI Number

16-1671593

Applied For

Not Applicable

Zip

33415

Country

FLA

Zip

33415

Country

FLA

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

RANDOLPH, LEROY  
6041 10TH AVE NO #125  
GREENACRES FL 33463

7. Name and Address of New Registered Agent

Name RANDOLPH, LEROY

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

930 SAINT GEORGE STR

City

WEST PALM BCH

FL

Zip Code

33415

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

*Leroy Randolph* LEROY RANDOLPH

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

4-10-06

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

**After May 1, 2006 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 D ☐ Delete  
NAME RANDOLPH, LEROY  
STREET ADDRESS 6041 10TH AVE NO #125  
CITY-ST-ZIP GREENACRES FL 33463

TITLE D ☐ Delete  
NAME RANDOLPH, CINDY  
STREET ADDRESS 6041 10TH AVE NO #125  
CITY-ST-ZIP GREENACRES FL 33463

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE A ☒ Change ☐ Addition  
NAME RANDOLPH, LEROY  
STREET ADDRESS 930 SAINT GEORGE STR  
CITY-ST-ZIP WEST PALM BCH FL 33415

TITLE A ☒ Change ☐ Addition  
NAME RANDOLPH, CINDY  
STREET ADDRESS 930 SAINT GEORGE STR  
CITY-ST-ZIP WEST PALM BCH FL 33415

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Leroy Randolph* LEROY RANDOLPH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-06

Date

Daytime Phone #

561-254-5464