


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000130172</b> 1. Entity Name <b>RANDALL SHULER'S PROFESSIONAL CONSTRUCTION SERVICES, INC.</b>	
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Principal Place of Business 7450 EAST IRLO BRONSON MEMORIAL HWY ST CLOUD FL 34771 <i>7450 E Irlo Bronson</i>	Mailing Address 7450 EAST IRLO BRONSON MEMORIAL HWY ST CLOUD FL 34771
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <i>7450 E Irlo Bronson Hwy</i> Suite, Apt. #, etc.
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2nd MOORE CR2E034 (5/05)

City & State <i>St. Cloud FL</i>	City & State <i>St. Cloud FL</i>	4. FEI Number <b>55-0852183</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>34771</i>	Country <i>OSC</i>	Zip <i>34771</i>	Country <i>OSC</i>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>SHULER, RANDALL A</b> <b>7450 EAST IRLO BRONSON MEMORIAL HWY</b> <b>ST CLOUD FL 34771</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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: *Randall A Shuler* DATE: *8/1/05*

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**DUE BY September 7, 2005**  
**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD <input type="checkbox"/> Delete <b>SHULER, RANDALL A</b> <b>7450 EAST IRLO BRONSON MEMORIAL HWY</b> <b>ST CLOUD FL 34771</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>UN00000375595</b> <b>08/04/05-80003-025 150.00</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-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)(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: *Randall A Shuler* **RANDALL SHULER** DATE: *8/1/05* 407 892-2475

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR