

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90054 005 ***150.00

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1. Entity Name

RANDY CONN BUILDER, INC.



Principal Place of Business

1173 BENJAMIM CHAIRES RD.
TALLAHASSEE FL 32317

Mailing Address

1173 BENJAMIM CHAIRES RD.
TALLAHASSEE FL 32317

2. Principal Place of Business

1173 Benjamin Chaires Rd
Suite, Apt. #, etc.

3. Mailing Address

1173 Benjamin Chaires Rd
Suite, Apt. #, etc.

City & State

TALL, FL

City & State

TALL, FL

4. FEI Number

20-0353020

Applied For

Not Applicable

Zip

32317

Country

USA

Zip

32317

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARNES AND JAMES, P.A.
2629 BLAIR STONE RD.
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

RANDY CONN

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

1173 Benjamin Chaires Rd

City

TALL

FL

Zip Code

32317

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

Randy Conn

RANDY CONN

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/05/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 P
NAME CONN, RANDY
STREET ADDRESS 1173 BENJAMIM CHAIRES RD.
CITY-ST-ZIP TALLAHASSEE FL 32317

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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:

Randy Conn RANDY CONN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/05/04

Date

850 933 0188

Daytime Phone #