2007 FOR PROFIT-GORPORATION ANNUAL REPORT

DOCUMENT # P03000131808

1. Entity Name

RANDY CONN BUILDER, INC. **



FILED
Jan 31, 2007 08:00 AM
Secretary of State

Principal Place of Business

1173 BENJAMIN CHAIRES RD. TALLAHASSEE, FL 32317 Mailing Address

1173 BENJAMIN CHAIRES RD. TALLAHASSEE, FL 32317



DO NOT WRITE IN THIS SPACE

01162007	No Chg-P	CR2E034 (11/05)	
4. FEI Number		<u> </u>	Applied For
20-0353020			Not Applicable
		_ \$8.7	5 Additional

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONN, RANDY 1173 BENJAMIN CHAIRES RD TALLAHASSEE, FL 32317

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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8. The above the obligat	named entity submits this statement for the p tions of registered agent.	ourpose of changing its registered	office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and acce	pt
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)				DATE		
FIL After M	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financia Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS		······	<u> </u>	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONN, RANDY 1173 BENJAMIN CHAIRES RD. TALLAHASSEE, FL 32317	, .,		. '-	-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000613026 02/05/07-80022-003 150.00	•
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.