



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90347 027 \*\*\*150.00

<b>DOCUMENT # P03000133194</b> 1. Entity Name <b>RANDANN INSURANCE SERVICES, INC.</b>					
Principal Place of Business <b>1131 NORTH DIXIE FREEWAY NEW SMYRNA BEACH, FL 32168</b>			Mailing Address <b>1131 NORTH DIXIE FREEWAY NEW SMYRNA BEACH, FL 32168</b>		
2. Principal Place of Business Suite, Apt. #, etc. <b>1104 Beville Road Sub E</b>		3. Mailing Address Suite, Apt. #, etc. <b>E</b>			
City & State <b>Daytona Beach</b>		City & State <b>Daytona Beach</b>		4. FEI Number <b>20 039 4996</b>	
Zip <b>32114</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>				7. Name and Address of New Registered Agent Name <b>Randy L Monroe</b> Street Address (P.O. Box Number is Not Acceptable) <b>1131 N Dixie Freeway</b> City <b>NSB</b> <b>FL</b> Zip Code <b>32168</b>	
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 <u><i>Randy L Monroe</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD <b>MONROE</b> <input type="checkbox"/> Delete <b>MONROE, RANDY L</b> <b>1131 NORTH DIXIE FREEWAY</b> <b>NEW SMYRNA BEACH, FL 32168</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-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: <u><i>Randy L Monroe</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>4/14/04</b> <b>386-427-1341</b> Date Daytime Phone #		