

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90170 027 \*\*\*150.00

**DOCUMENT # P03000140088**

1. Entity Name  
**RANDY'S WOOD FLOORING, INC.**



Principal Place of Business  
**PO BOX 11826  
JACKSONVILLE, FL 32239 US**

Mailing Address  
**PO BOX 11826  
JACKSONVILLE, FL 32239 US**

2. Principal Place of Business - No P.O. Box #  
**97037 LANDING TRAIL**

3. Mailing Address  
**97037 LANDING TRAIL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03182007 Chg-P CR2E034 (12/06)

City & State  
**YULEE FL**

City & State  
**YULEE FL**

4. FEI Number  
**20-0422983**

Applied For  
☐ Not Applicable

Zip  
**32097**

Country  
**USA**

Zip  
**32097**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**AAA BUSINESS & TAX SERVICES, INC.  
4070 HERSCHEL ST  
JACKSONVILLE, FL 32210**

**7. Name and Address of New Registered Agent**

Name  
**RANDY MONAGHAN**

Street Address (P.O. Box Number is Not Acceptable)  
**97037 LANDING TRAIL**

City  
**YULEE**

State  
**FL**

Zip Code  
**32097**

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 Monaghan* **RANDY MONAGHAN** **PRESIDENT** **3/17/07**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MONAGHAN, RANDY PO BOX 11826 JACKSONVILLE, FL 32239</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MONAGHAN, RANDY 97037 LANDING TRAIL YULEE, FL 32097</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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.

SIGNATURE: *Randy Monaghan* **RANDY MONAGHAN** **3/17/07** **(904) 434-0157**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #