


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90080 024 \*\*\*150.00

DOCUMENT # P04000003017	
1. Entity Name LANDSCAPES BY RANDY LEE, INC.	

Principal Place of Business 1612 POINTSETTIA DR. FT. LAUDERDALE FL 33305	Mailing Address 1612 POINTSETTIA DR. FT. LAUDERDALE FL 33305
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2. Principal Place of Business 2230 KENT DR. N.	3. Mailing Address 3097 RENATTA DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/04)

City & State LARGO, FL	City & State BELLEAIR BLUFFS, FL
Zip 33774	Zip 33770
Country PINELLAS	Country PINELLAS

4. FEI Number 51-0493372	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Name and Address of Current Registered Agent PYE, THOMAS G 408 W. UNIVERSITY AVE., STE. 108-B GAINESVILLE FL 32601 <i>(His Signature Should be on file)</i>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 <i>Randall J. Lee</i>	DATE 3/29/05

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

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST LEE, RANDY 1612 POINTSETTIA DR. FT. LAUDERDALE FL 33305 <i>See above</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST LEE, RANDY 3097 RENATTA DR. BELLEAIR BLUFFS, FL 33770 <i>See above</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, RANDY 1612 POINTSETTIA DR. FT. LAUDERDALE FL 33305 <i>See above</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, RANDY 3097 RENATTA DR. BELLEAIR BLUFFS, FL 33770
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
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: <i>Randall J. Lee</i>	DATE 3/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone #