2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 01, 2007 08:00 AM DOCUMENT # P0400003017 Secretary of State LANDSCAPES BY RANDY LEE, INC. Principal Place of Business Mailing Address 3097 RENATTA DR BELLEAIR BLUFFS FL 33770 2230 KENT DR N LARGO FL 33774 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) Applied For City & State City & State 4. FEI Number 51-0493372 Not Applicable Zip Country Country Zıp \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PYE, THOMAS G 408 W. UNIVERSITY AVE., STE. 108-B Street Address (P.O. Box Number is Not Acceptable) GAINESVILLE FL 32601 Zıp Code City 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 Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PVST TIME ☐ Change [] Addition Dolele HILE LEE, RANDY NAME NAME U00000615505 3097 RENATTA DR STREET ADDRESS STREET ADDRESS 02/06/07-80072-018 150.00 BELLEAIR BLUFFS FL 33770 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete Change Addition LEE, RANDY NAME NAME 3097 RENATTA DR STREET ADDRESS STREET ADDRESS BELLEAIR BLUFFS FL 33770 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST-71P CITY-SI-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C/IY-SI-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath, 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

er like empowered.

SIGNATURE: