2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000003017

1. Entity Name

LANDSCAPES BY RANDY LEE, INC.



FILED Jan 28, 2008 08:00 AN Secretary of State

Principal Place of Business

2230 KENT DR N

Mailing Address

3097 RENATTA DR

LARGO, FL. 3	3774	BELLEAIR BLUFFS, FL 33770					
DO NOT WRITE IN THIS SPACE				01232008 4. FEI Numbe 51-049	No Chg-P	CR2E034 (11/05) Applied For Not Applicable \$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				DO NOT WRITE IN THIS SPACE			
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 Signeture, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				5.00 May Be Added to Fees			
10.	OFFICERS AND DIRE	CTORS			•		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PVST LEE, RANDY 3097 RENATTA DR BELLEAIR BLUFFS, FL 33770				000000 01/21/09-	1800533 -80021-008 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, RANDY 3097 RENATTA DR BELLEAIR BLUFFS, FL 33770				01/ 51/ 00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CTIY-ST-ZIP		,		IN T	THIS SF	PACE	
TIFLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

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 ceth; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #