


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90302 040 \*\*\*150.00

<b>DOCUMENT # P04000088118</b>						
<b>1. Entity Name</b> RANDOLI'S NATURAL REPELLENT, INC.						
<b>Principal Place of Business</b> 8312 N ELKCAM BLVD. CITRUS SPRINGS, FL 34433			<b>Mailing Address</b> PO BOX 130 CRYSTAL RIVER, FL 34423			
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b> PO BOX 931			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			
<b>City &amp; State</b>			<b>City &amp; State</b> CRYSTAL RIVER FL			
<b>Zip</b>		<b>Country</b>		<b>Zip</b> 34423		
<b>Country</b>		<b>Country</b> CITRUS		<b>4. FEI Number</b> 21-0336688		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable		
<b>6. Name and Address of Current Registered Agent</b> SPIEGEL & UTRERA, P.A. 1840 SW 22 ST 4TH FLOOR MIAMI, FL 33145				<b>7. Name and Address of New Registered Agent</b>		
Name				Street Address (P.O. Box Number is Not Acceptable)		
City				FL Zip Code		
<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.</b>						
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <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>			
<b>TITLE</b> PT	<b>NAME</b> ROBBINS, RANDY		<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b> PO BOX 931	
<b>STREET ADDRESS</b> PO BOX 130	<b>CITY-ST-ZIP</b> CRYSTAL RIVER, FL 34423		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b> CRYSTAL RIVER FL	<b>CITY-ST-ZIP</b> 34423	
<b>TITLE</b> VSD	<b>NAME</b> NEE, TIMOTHY		<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b> PO BOX 931	
<b>STREET ADDRESS</b> PO BOX 130	<b>CITY-ST-ZIP</b> CRYSTAL RIVER, FL 34423		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b> CRYSTAL RIVER, FL	<b>CITY-ST-ZIP</b> 34423	
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>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.</b>						
<b>SIGNATURE:</b> _____			TIMOTHY NEE		4/6/06 352 564 0040	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #	