

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000137647

1. Entity Name  
ALLAN RANDOLPH, INC.



Principal Place of Business

525 RIVIERA DRIVE  
ALTAMONTE SPRINGS, FL 32701 US

Mailing Address

525 RIVIERA DRIVE  
ALTAMONTE SPRINGS, FL 32701 US

**FILED**  
**Jun 11, 2008 08:00 AM**  
**Secretary of State**



05082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
84-1718649

Applied For  
Not Applicable

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

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

SHIPLEY, RANDOLPH A JR.  
525 RIVIERA DRIVE  
ALTAMONTE SPINGS, FL FL

**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

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**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	SHIPLEY, RANDOLPH A JR.
STREET ADDRESS	525 RIVIERA DRIVE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	VS
NAME	WOOD, ALLAN
STREET ADDRESS	525 RIVIERA DRIVE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	T
NAME	SHIPLEY, RANDOLPH
STREET ADDRESS	525 RIVIERA DRIVE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000952953  
06/11/08-80001-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #