2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 06, 2005 08:00 AM Secretary of State Apr 16, 2005 08:00 AM Apr 16, 20			ANNUAL	REPORT (AR	<u> </u>	·	_	. FIL	ED			
Principal Place of Business								Apr 06, 2005 08:00 AM				
2. Principal Place of Statiness 3. Mailing Address Subs, Apt 7, etc. Subs, Apt 8, etc.	RANDY E	B. CORNE	ETT, INC.					Secretar	york	naic		
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CORNETT, RANDY B 2619 STH TERRACE NORTH ST. PETERSBURG FL 33702 City FL Zip Code 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 Fiorida. I am femiliar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am femiliar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am femiliar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am femiliar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am femiliar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am femiliar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am femiliar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am femiliar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am femiliar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am femiliar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am femiliar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am femiliar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am femiliar with, and accept the state of the position in the state of Fiorida State of Fiorida. I am femiliar with, and accept the state of the state of the state of Fiorida State of Fiorida. I am femiliar with, and accept the state of the stat	Zip	Country		Zip	Zip Coun		5. Certificat	e of Status Desired		\$8.75 A	dditional	
CORNETT, RANDY B 2618 677H TERRACE NORTH ST. PETERSBURG FL 33702 City FL Zip Code 8. The above named oneby submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Aprilia Succident among an expressed agent. FILE NOW!! FE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Plorida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. But CORNETT, RANDY B 3091 Aprilia 3091 A		6. Name	and Address of Curre	nt Registered Agent	- · ·		7. Name an	d Address of New R		•		
SIGNATURE: City FL Zip Code							P.O. Box Numi	per is Not Acceptable	<u> </u>			
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 SIGNATURE SIGNATURE SIGNATURE SIGNATURE	261 ST.	PETERSE	EHRACE NORTH BURG FL 33702	ı		Olicot Address (····			
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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. 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 jic changed, or on an attackment with an address, with all other like empowered. SIGNATURE: **LOURGE*** CORNET*** 49-4-65*** 727-522-3450***	1		•									
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