


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90033 033 ***150.00

DOCUMENT # P95000040849					
1. Entity Name RANDY'S GARAGE, INC.					
Principal Place of Business 737 S. BRIDGE ST. LABELLE, FL 33935 US			Mailing Address P.O. BOX 1438 LABELLE, FL 33975 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0589470	
Applied For		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Not Applicable					
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WIMBERLY, RANDALL 1204 CALVIN AVE LEHIGH ACRES, FL 33936			Name <u>Wimberly, Randall</u>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<u>1021 Wood Dr.</u>		
			City <u>Labelle</u>		FL Zip Code <u>33935</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: <u>Randall Wimberly</u> <u>Randall Wimberly, President</u> <u>1-17-06</u>					
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 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIMBERLY, RANDALL		NAME	Randall Wimberly	
STREET ADDRESS	1204 CALVIN AVE		STREET ADDRESS	P.O. Box 1438	
CITY-ST-ZIP	LEHIGH ACRES, FL 33936		CITY-ST-ZIP	Labelle, FL 33975	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIMBERLY, SHELLEY		NAME	Shelley Wimberly	
STREET ADDRESS	1204 CALVIN AVE		STREET ADDRESS	P.O. Box 1438	
CITY-ST-ZIP	LEHIGH ACRES, FL 33936		CITY-ST-ZIP	Labelle, FL 33975	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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: <u>Shelley Wimberly</u>			Shelley Wimberly, Officer, 1-17-05 675-1032 (863)		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		