2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000016261

Entity Name: RANDOLPH S. GABOR, INC

2204 JENNIFER LANE

VALRICO, FL 33594

Address:

City-St-Zip:

FILED Feb 23, 2009 Secretary of State

Entity Name: RANDOLPH S. GABOR, INC.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
2204 JENN VALRICO,	NIFER LANE FL 33594				
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
2204 JENN VALRICO,	NIFER LANE FL 33594				
FEI Number:	59-3367077	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
GABOR, R 2204 JENN VALRICO,	NIFER LANE	US	GABOR, RANDOLPH S 2204 JENNIFER LANE VALRICO, FL 33594	S PRES US	
	named entity of Florida.	submits this statement for the pr	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE: RANDOLPH S. GABOR				02/23/2009	
	Electro	onic Signature of Registered Age	nt	Date	
Election Car	npaign Financi	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PRES (GABOR, RAN 2204 JENNIF VALRICO, FL	ER LANE	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	V.PR (GABOR, ROS 2204 JENNIF VALRICO, FL	ER LANE	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:			Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name:) Delete DLOPH II S VICE PR	Title: (Name:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: RANDOLPH S. GABOR PRES 02/23/2009