

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                     |                |                                                                                                                                             |                                                                   |  |
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| <b>DOCUMENT # P97000055926</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |                |                                                                                                                                             |                                                                   |  |
| <b>1. Entity Name</b><br><b>RANDOLPH &amp; DEWDNEY CONSTRUCTION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                |                                                                                                                                             |                                                                   |  |
| <b>Principal Place of Business</b><br>1191 N FEDERAL HWY<br>SUITE #1<br>DELRAY BEACH, FL 33483 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                     |                | <b>Mailing Address</b><br>1191 N FEDERAL HWY<br>SUITE #1<br>DELRAY BEACH, FL 33483 US                                                       |                                                                   |  |
| <b>2. Principal Place of Business</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     |                | <b>3. Mailing Address</b><br>Suite, Apt. #, etc.                                                                                            |                                                                   |  |
| <b>City &amp; State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                | <b>City &amp; State</b>                                                                                                                     |                                                                   |  |
| <b>Zip</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                     | <b>Country</b> |                                                                                                                                             | <b>4. FEI Number</b><br>65-0789318                                |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |                |                                                                                                                                             | <b>Applied For</b><br>Not Applicable                              |  |
| <b>6. Name and Address of Current Registered Agent</b><br>RANDOLPH, ANGELA<br>1323 PROSPECT ST<br>DELRAY BEACH, FL 33444                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                     |                | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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>                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |                |                                                                                                                                             |                                                                   |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when registering)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |                |                                                                                                                                             |                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |                | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <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>                                                                                |                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | P<br>RANDOLPH, ANGELA<br>1323 PROSPECT ST<br>DELRAY BEACH, FL 33444 |                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                            | 1100000463880<br>03/21/06-80094-008 150.00                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | S<br>DWAYNE, RANDOLPH<br>1323 PROSPECT ST<br>DELRAY BEACH, FL 33444 |                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                     |                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                     |                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                     |                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                     |                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <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 filers empowered.</b> |                                                                     |                |                                                                                                                                             |                                                                   |  |
| <b>SIGNATURE:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                | Angela Randolph                                                                                                                             |                                                                   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                     |                | 3-6-06                                                                                                                                      |                                                                   |  |
| Daytime Phone #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                     |                |                                                                                                                                             |                                                                   |  |