
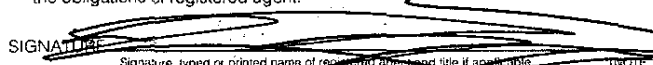
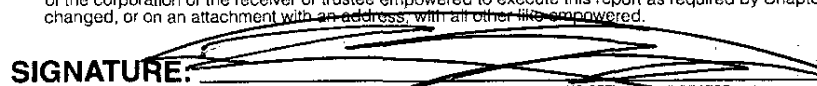


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90313 025 ***150.00

DOCUMENT # P99000082970 1. Entity Name PAYNE & RANDA, P.A.					
Principal Place of Business 2431 ALOMA AVENUE 201 WINTER PARK, FL 32792			Mailing Address 2431 ALOMA AVENUE 201 WINTER PARK, FL 32792		
2. Principal Place of Business 800 Westwood Square Suite, Apt. #, etc. Suite A		3. Mailing Address 800 Westwood Sq. Suite, Apt. #, etc. Suite A			
City & State Oviedo, FL		City & State Oviedo		4. FEI Number 59-3601092	
Zip 32765		Country Seminole		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RANDA, BURKE L 2431 ALOMA AVENUE STE 201 WINTER PARK, FL 32792			7. Name and Address of New Registered Agent Name Randa, Burke L. Street Address (P.O. Box Number is Not Acceptable) 800 Westwood Square, Suite A. City Oviedo FL Zip Code 32765		
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  DATE 4/15/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RANDA, BURKE L 2431 ALOMA AVE SUITE 201 WINTER PARK, FL 32792		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Randa, Burke L. 800 Westwood Sq., Suite A. Oviedo, FL 32765	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PAYNE, SUSAN M 2431 ALOMA AVE SUITE 201 WINTER PARK, FL 32792		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Payne, Susan 800 Westwood Square, Suite A. Oviedo, FL 32765	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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. 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/15/05 Daytime Phone # 407-365-41300		