

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000107462

1. Entity Name  
RANDY'S AUTO SPECIALIST, INC.



Principal Place of Business  
1834 N. GOLDENROD ROAD  
ORLANDO, FL 32807

Mailing Address  
1834 N. GOLDENROD ROAD  
ORLANDO, FL 32807



01162007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3623194	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

HARRISON, RICHARD R  
7530 LIZANNE CT.  
ORLANDO, FL 32807

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HARRISON, RICHARD R 7530 LIZANNE CT ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HARRISON, JOHNNIE C 7530 LIZANNE CT ORLANDO, FL 32807
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02/26/07-80002-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 I am empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/07 407 2826760  
Date Daytime Phone #