


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90021 011 \*\*\*150.00

**DOCUMENT # V02714**  
 1. Entity Name  
**RAND-O-INC.**



Principal Place of Business Mailing Address  
**3501 EAST BUSCH BLVD. TAMPA FL 33612**      **3501 EAST BUSCH BLVD. TAMPA FL 33612**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E034 (10/07)

4. FEI Number **59-3097223** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**DARSEY, LINDA C**  
**100 N. TAMPA ST.**  
**STE. 2800**  
**TAMPA FL 33602**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or coin. in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>RANDAZZC, FRANKIE</b>	
STREET ADDRESS	<b>8303 TERRACEWOOD CT</b>	
CITY-ST-ZIP	<b>TAMPA FL 33615</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>RANDAZZC, KAREN</b>	
STREET ADDRESS	<b>8303 TERRACEWOOD CT</b>	
CITY-ST-ZIP	<b>TAMPA FL 33615</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>OLSON, DORTHY</b>	
STREET ADDRESS	<b>8303 TERRACEWOOD CT</b>	
CITY-ST-ZIP	<b>TAMPA FL 33615</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>T &amp; S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Michael Ranzazzc</b>	
STREET ADDRESS	<b>8303 Terracewood</b>	
CITY-ST-ZIP	<b>TAMPA FL 33615</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Frankie Ranzazzc* **FRANKIE RANDAZZC** 7-29-08 / 833988-5695  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #