2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V67763

WILLIAM PEIRSON RANDALL, JR., CONTRACTING, INC.



FILED Apr 02, 2005 08:00 AM Secretary of State

Principal Place of Business

3400 FAIRFAX LANE DAVIE, FL 33330 US Mailing Address

3400 FAIRFAX LANE DAVIE, FL 33330 US



DO NOT WRITE IN THIS SPACE

CR2E034 (10/03) 03292005 No Chg-P

4. FEI Number 65-0355361 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RANDALL, WILLIAM PEIRSON, JR. 3400 FAIRFAX LANE DAVIE, FL 33330 _

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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE RANDALL, WILLIAM JR NAME U00000285684 04/02/05-80055-013 158.75 3400 FAIRFAX LANE STREET ADDRESS CITY-ST-ZIP **DAVIE, FL 33330** Table RANDALL, RHONDA NAME 3400 FAIRFAX LANE STREET ADDRESS CITY-ST-ZIP DAVIE, FL 33330 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP

IN THIS SPACE

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 his 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 impowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR