## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 284091** 

Entity Name: ANDREWS ENTERPRISES INC

FILED Jan 05, 2008 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

2290 S.E. LAUREL RUN DRIVE 1741 CLATTER BRIDGE ROAD OCALA, FL 34471 US OCALA, FL 34471 US

Current Mailing Address: New Mailing Address:

2290 S.E. LAUREL RUN DRIVE 1741 CLATTER BRIDGE ROAD OCALA, FL 34471 US OCALA, FL 34471 US

FEI Number: 59-1095097 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ANDREWS, RICHARD L.
2290 S.E. LAUREL RUN DRIVE
0CALA, FL 34471 US
ANDREWS, RICHARD L.
1741 CLATTER BRIDGE ROAD
0CALA, FL 34471 US

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.

SIGNATURE: 01/05/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: ANDREWS, R. L., Name: ANDREWS, R. L.,

Name: ANDREWS, R. L., Name: ANDREWS, R. L.,
Address: 2290 S.E. LAUREL RUN DRIVE Address: 1741 CLATTER BRIDGE ROAD

City-St-Zip: OCALA, FL City-St-Zip: OCALA, FL

Title: VP () Delete Title: VP (X) Change () Addition

Name: ANDREWS, R. JEFF, Name: ANDREWS, R. JEFF,

Address: 645 SW 48 ST RD Address: 1962 SE TWIN BRIDGE CIRCLE

City-St-Zip: OCALA, FL City-St-Zip: OCALA, FL

Title: ST () Delete Title: () Change () Addition

 Name:
 ANDREWS, SCOTTY J.,
 Name:

 Address:
 1239 SE 11 ST.
 Address:

 City-St-Zip:
 OCALA, FL
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD L. ANDREWS P 01/05/2008