

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000144739

1. Entity Name
ANDREU'S LAND CLEARING, INC.



Principal Place of Business
**3210 PACETTI RD
ST AUGUSTINE, FL 32092**

Mailing Address
**3210 PACETTI RD
ST AUGUSTINE, FL 32092**



02272007 No Chg-P CR2E034 (11/05)

4. FEI Number
58-2677164

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ANDREU, ALBERT E
3210 PACETTI RD
ST AUGUSTINE, FL 32092**

**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)

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**

**U000000745296
05/16/07-80022-011 150.00**

10. OFFICERS AND DIRECTORS

TITLE D
NAME **ANDREU, ALBERT E**
STREET ADDRESS **3210 PACETTI RD**
CITY-ST-ZIP **ST AUGUSTINE, FL 32092**

TITLE D
NAME **ANDREU, DAVID E**
STREET ADDRESS **3210 PACETTI RD**
CITY-ST-ZIP **ST AUGUSTINE, FL 32092**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
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CITY-ST-ZIP

**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 like empowered.

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

4-25-07
Date

904 824-6644
Daytime Phone #