2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 09, 2007 08:00 All Secretary of State DOCUMENT # P05000057496 1. Entity Namo ANDY BARROWS INC. Principal Place of Business Mailing Address 4116 SW 5TH AVE 4116 SW 5TH AVE CAPE CORAL FL 33914 CAPE CORAL FL 33914 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, otc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & Stato City & State 4. FEI Number Applied For 56-2507233 Not Applicable 7<sub>iD</sub> Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo SWAN, LAWRENCE CALOOSEHATCHE TAX & FINANCIAL SERVICES Street Address (P.O. Box Number is Not Acceptable) 1008 N.E. 7TH TERRACE CAPE CORAL FL 33909 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Defete HILL ☐ Change ☐ Addition BARROWS, ANDY NAME NAME 4116 SW 5TH AVE STREET ADDRESS STREET ADDRESS U00000695878 17707-80077-CAPE CORAL FL 33914 CITY-ST-7IP CITY-S1-ZIP -020 150.00 JIIII Delete Addition uu: Change NAME STREET ADDRESS STREET ADDRESS CHY-SI-7IP CHY-SI-ZIP TETLE. Delete □ Change ■ Addition NAME. NAME STRUET ADDRESS STREET ADDRESS CITY-S1-7IP CITY+ST-ZIP HIII. ☐ Delete THEFT ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-51-7IP THILE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CRY+SI-7tP CITY-ST-ZIP IIId Delete Change Addition NAME NAML STREET ADDRESS STREET ADDRESS CITY+ST-7IP 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 offect as if made under eath; that I am an officer or director of the corporation or the receiver or true expenses in Block 10 or Block 11

NAME OF SIGNING OFFICER OR DIRECTOR

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED