

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2008 8:00 am
Secretary of State

02-05-2008 90008 006 ***158.75

DOCUMENT # 377421

1. Entity Name

DICK ANDREWS, INC.



Principal Place of Business

3360 S OCEAN BLVD.
5FS
PALM BEACH FL 33480

Mailing Address

3360 S OCEAN BLVD.
5FS
PALM BEACH FL 33480



2. Principal Place of Business - No P.O. Box #
3360 S. Ocean Blvd.

3. Mailing Address
3360 S. Ocean Blvd.

Suite, Apt. #, etc.
5FS

Suite, Apt. #, etc.
5FS

City & State

Palm Beach, FL

City & State

Palm Beach, FL

Zip
33480

Country
Palm Beach

Zip
33480

Country
Palm Beach

1st MOORE

CR2E034 (10/07)

4. FEI Number
59-1319577

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDREWS, BARBARA
3360 S OCEAN BLVD.
5FS
PALM BEACH FL FL 33480

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 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 fee if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDST ☐ Delete
NAME ANDREWS, BARBARA
STREET ADDRESS 3360 S OCEAN BLVD 5FS
CITY-ST-ZIP PALM BCH FL 33480

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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: *Barbara F. Andrews* Barbara F. Andrews

January 28th, 2008 (561) 585-8887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #