2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # 624257

1. Entity Name
ANDREW SERVICE CORPORATION OF FLORIDA

Principal Place of Business	Mailing Address
201 N. FRANKLIN ST. STE 2100 TAMPA, FL 33602 US	201 N. FRANKLIN ST. STE 2100 TAMPA, FL 33602 US

04212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2049195
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EDWARDS, JOSEPH
201 N. FRANKLIN ST. STE 2100
TAMPA, FL 33602

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000347239
04/30/05-80107-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	JORGENSON, MARY ANN
STREET ADDRESS	201 N. FRANKLIN ST. STE 2100
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	VPSD
NAME	MARGULIES, JEFFREY J
STREET ADDRESS	201 N. FRANKLIN ST. STE 2100
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	VP
NAME	DELCASTILLO, ALBERT A
STREET ADDRESS	201 N. FRANKLIN ST. STE 2100
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	VP
NAME	MYERS, KENNETH M
STREET ADDRESS	201 N. FRANKLIN ST. STE 2100
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	VP
NAME	EDWARDS, JOSEPH D
STREET ADDRESS	201 N. FRANKLIN ST. STE 2100
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	DP
NAME	KAISER, GORDON S
STREET ADDRESS	201 N FRANKLIN ST STE 2100
CITY-ST-ZIP	TAMPA, FL 33602

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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 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 Date Daytime Phone #