

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # 624257

1. Entity Name
ANDREW SERVICE CORPORATION OF FLORIDA



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

Mailing Address
**201 N. FRANKLIN ST. STE 2100
TAMPA, FL 33602 US**



04142008 No Chg-P CR2E034 (11/05)

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**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
JORGENSEN, MARY ANN
201 N. FRANKLIN ST. STE 2100
TAMPA, FL 33602**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MARGULIES, JEFFREY J
201 N. FRANKLIN ST. STE 2100
TAMPA, FL 33602**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
DELCASTILLO, ALBERT A
201 N. FRANKLIN ST. STE 2100
TAMPA, FL 33602**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MYERS, KENNETH M
201 N. FRANKLIN ST. STE 2100
TAMPA, FL 33602**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
EDWARDS, JOSEPH D
201 N. FRANKLIN ST. STE 2100
TAMPA, FL 33602**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
KAISER, GORDON S
201 N FRANKLIN ST STE 2100
TAMPA, FL 33602**

U000000535840
05/08/06-80070-006 150.00

**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: Gordon S. Kaiser 4-21-06 (216) 479-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #