



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 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
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DO NOT WRITE IN THIS SPACE



04162008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2049195	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000942962 05/29/08-80038-001 300.00
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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	VPSD 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

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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:  **April 18 2008** 246-7998681

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #