


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90031 032 \*\*\*\*61.25

<b>DOCUMENT # F01000002660</b>	
<b>1. Entity Name</b> THE ANDRAGATHIA, INC.	

<b>Principal Place of Business</b> 1675 LAKE CHARM DRIVE OVIEDO FL 32765	<b>Mailing Address</b> PO BOX 621421 OVIEDO FL 32762-1421
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<b>2. Principal Place of Business</b> 223 BLUE CREEK DRIVE	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>City &amp; State</b> WINTER SPRINGS	<b>City &amp; State</b>
<b>Zip</b> FL	<b>Country</b> USA



MOORE CR2E037 (11/03)

<b>4. FEI Number</b> 56-0308470	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> WILSON, CARL W 1675 LAKE CHARM DRIVE OVIEDO FL 32765	
<b>7. Name and Address of New Registered Agent</b> Name: SAME Street Address (P.O. Box Number is Not Acceptable): 223 BLUE CREEK DRIVE City: WINTER SPRINGS FL Zip Code: 32708	

**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 \$61.25  
Due By May 1, 2004**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> PC	<input type="checkbox"/> Delete	<b>TITLE</b> NAME: WILSON, CARL W STREET ADDRESS: 223 BLUE CREEK DRIVE CITY-ST-ZIP: WINTER SPRING, FL 32708	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> WILSON, CARL W			
<b>STREET ADDRESS</b> 1675 LAKE CHARM DRIVE			
<b>CITY-ST-ZIP</b> OVIEDO FL 32765			
<b>TITLE</b> VVC	<input type="checkbox"/> Delete	<b>TITLE</b> NAME: HANNERS, EARL STREET ADDRESS: 478 MASK ROAD CITY-ST-ZIP: BROOKS GA 30205	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> HANNERS, EARL			
<b>STREET ADDRESS</b> 478 MASK ROAD			
<b>CITY-ST-ZIP</b> BROOKS GA 30205			
<b>TITLE</b> S	<input type="checkbox"/> Delete	<b>TITLE</b> NAME: WILSON, SARA J STREET ADDRESS: 223 BLUE CREEK DRIVE CITY-ST-ZIP: WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> WILSON, SARA J			
<b>STREET ADDRESS</b> 1675 LAKE CHARM DRIVE			
<b>CITY-ST-ZIP</b> OVIEDO FL 32765			
<b>TITLE</b> TD	<input type="checkbox"/> Delete	<b>TITLE</b> NAME: ELBRECHT, CLYDE STREET ADDRESS: 7067 COUNTY ROAD 8780 CITY-ST-ZIP: WEST PLAINS MO 65775	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> ELBRECHT, CLYDE			
<b>STREET ADDRESS</b> 7067 COUNTY ROAD 8780			
<b>CITY-ST-ZIP</b> WEST PLAINS MO 65775			
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**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 617, 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

CARL W. WILSON 3/9/04 407-971-6831

Date

Daytime Phone #