


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

DOCUMENT # F0100002660

1. Entity Name
THE ANDRAGATHIA, INC.



Principal Place of Business Mailing Address
1675 LAKE CHARM DRIVE **PO BOX 621421**
OVIEDO FL 32765 **OVIEDO FL 32762-1421**

2. Principal Place of Business 3. Mailing Address
223 BLUE CREEK DRIVE
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
WINTER SPRINGS
 Zip Country Zip Country
FL. *USA*



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
WILSON, CARL W
1675 LAKE CHARM DRIVE
OVIEDO FL 32765

4. FEI Number Applied For
56-0308470 Not Applicable

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

7. Name and Address of New Registered Agent
 Name *SAME*
 Street Address (P.O. Box Number is Not Acceptable)
223 BLUE CREEK DRIVE
 City State Zip Code
WINTER SPRINGS **FL** *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 _____ (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 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PC WILSON, CARL W 1675 LAKE CHARM DRIVE OVIEDO FL 32765 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WILSON, CARL W 223 BLUE CREEK DRIVE WINTER SPRING, FL. 32708 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VVC HANNERS, EARL 478 MASK ROAD BROOKS GA 30205 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S WILSON, SARA J 1675 LAKE CHARM DRIVE OVIEDO FL 32765 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WILSON, SARA J. 223 BLUE CREEK DRIVE WINTER SPRINGS, FL. 32708 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD ELBRECHT, CLYDE 7067 COUNTY ROAD 8780 WEST PLAINS MO 65775 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Carl W. Wilson* **CARL W. WILSON** *3/9/04* *407-971-6831*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #