

FILED  
Apr 20, 2005 8:00 am  
Secretary of State

04-20-2005 90354 010 \*\*\*\*61.25

2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # F01000002660

1. Entity Name  
THE ANDRAGATHIA, INC.



Principal Place of Business  
223 BLUE CREEK DRIVE  
WINTER SPRINGS, FL

Mailing Address  
PO BOX 621421  
OVIEDO, FL 32762-1421

50040941



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04182005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

56-0308470

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, CARL W  
223 BLUE CREEK DRIVE  
WINTER SPRINGS, FL 32708

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Filing Fee is \$61.25  
Due by May 1, 2005

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

TITLE PC ☐ Delete  
NAME WILSON, CARL W  
STREET ADDRESS 223 BLUE CREEK DRIVE  
CITY - ST - ZIP WINTER SPRINGS, FL 32708

TITLE VVC ☐ Delete  
NAME HANNERS, EARL  
STREET ADDRESS 478 MASK ROAD  
CITY - ST - ZIP BROOKS, GA 30205

TITLE S ☐ Delete  
NAME WILSON, SARA J  
STREET ADDRESS 223 BLUE CREEK DRIVE  
CITY - ST - ZIP WINTER SPRINGS, FL 32708

TITLE TD ☐ Delete  
NAME ELBRECHT, CLYDE  
STREET ADDRESS 7067 COUNTY ROAD 8780  
CITY - ST - ZIP WEST PLAINS, MO 65775

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☒ Addition  
NAME JOE MARTIN  
STREET ADDRESS 5525 CLOVERCREST DRIVE  
CITY - ST - ZIP BRENTWOOD, TN. 37027

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

4/18/05

407-971-6831