

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

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



02092006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-0308470

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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 Carl W. Wilson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/4/06

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	WILSON, CARL W
STREET ADDRESS	223 BLUE CREEK DRIVE
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	VVC
NAME	HANNERS, EARL
STREET ADDRESS	478 MASK ROAD
CITY-ST-ZIP	BROOKS, GA 30205
TITLE	S
NAME	WILSON, SARA J
STREET ADDRESS	223 BLUE CREEK DRIVE
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	TD
NAME	ELBRECHT, CLYDE
STREET ADDRESS	7067 COUNTY ROAD 8780
CITY-ST-ZIP	WEST PLAINS, MO 65775
TITLE	D
NAME	MARTIN, JOE
STREET ADDRESS	5525 CLOVERCREST DR
CITY-ST-ZIP	BRENTWOOD, TN 37027
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000496874
04/22/06-80031-009 61.25

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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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/06 407-971-6831

Date

Daytime Phone #