

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002660

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: THE ANDRAGATHIA, INC.

**Current Principal Place of Business:**

223 BLUE CREEK DRIVE  
WINTER SPRINGS, FL 32708 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 621421  
OVIEDO, FL 327621421

**New Mailing Address:**

FEI Number: 56-0308470

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PC ( ) Delete  
Name: WILSON, CARL W  
Address: 223 BLUE CREEK DRIVE  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VVC ( ) Delete  
Name: HANNERS, EARL  
Address: 478 MASK ROAD  
City-St-Zip: BROOKS, GA 30205

Title: S ( ) Delete  
Name: WILSON, SARA J  
Address: 223 BLUE CREEK DRIVE  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: TD ( ) Delete  
Name: ELBRECHT, CLYDE  
Address: 7067 COUNTY ROAD 8780  
City-St-Zip: WEST PLAINS, MO 65775

Title: D ( ) Delete  
Name: MARTIN, JOE  
Address: 5525 CLOVERCREST DR  
City-St-Zip: BRENTWOOD, TN 37027

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL W. WILSON

PRES

03/19/2009

Electronic Signature of Signing Officer or Director

Date