


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 29, 2008 08:00 AM**  
**Secretary of State**


**DOCUMENT # F94000002379**

1. Entity Name  
**ANDRESS ENGINEERING ASSOCIATES, INCORPORATED**



Principal Place of Business 131 AIRPARK INDUSTRIAL RD ALABASTER, AL 35007 US	Mailing Address 131 AIRPARK INDUSTRIAL RD ALABASTER, AL 35007 US
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**DO NOT WRITE IN THIS SPACE**



02272008 No Chg-P CR2E034 (11/05)

4. FEI Number 63-0524674	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**NIX, TYLER**  
**6717 BENJAMIN ROAD**  
**TAMPA, FL 33634**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

03/12/08-90019-014 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ARMSTRONG, THOMAS R 4408 OVERLOOK RD BIRMINGHAM, AL 35222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HINTON, GRADY E 405 AUDOBON DR S SATSUMA, AL 36572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAJORS, CARL R 1122 COX ROAD ANDERSON, SC 29621
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, DAVID B 4033 ALSTON WAY BIRMINGHAM, AL 35242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COBB, VIRGIL I 14 BRIARWOOD DRIVE GARDEN CITY, GA 31408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMSTRONG, THOMAS R JR 2817 WISTERIA DRIVE HOOVER, AL 35216

**DO NOT WRITE 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

**SIGNATURE:** *Thomas R. Armstrong* **02/27/08 205-620-9777**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #