

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000003661

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: ANDREWS TRUCKING CO.

**Current Principal Place of Business:**

8446 NE 12 LANE  
OKEECHOBEE, FL 34972 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3172  
OKEECHOBEE, FL 34973 US

**New Mailing Address:**

FEI Number: 06-1320532      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DOWNIE, DWIGHT A  
8446 NE 12LANE  
OKEECHOBEE, FL 34972 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DOWNIE, DWIGHT A  
Address: 8446 NE 12 LANE  
City-St-Zip: OKEECHOBEE, FL 34972 US

Title: S ( ) Delete  
Name: DOWNIE, CORA M  
Address: 5675 S E 35TH STREET  
City-St-Zip: OCALA, FL 34471 US

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DWIGHT DOWNIE

PRES

04/29/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date