


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90041 044 \*\*\*150.00

<b>DOCUMENT # H26603</b> 1. Entity Name <b>ANDREWS MARKETING, INC.</b>					
Principal Place of Business <b>2945 SW 32ND AVE</b> <b>OCALA, FL 34474 US</b>			Mailing Address <b>PO BOX 573</b> <b>OCALA, FL 34478 US</b>		
2. Principal Place of Business <i>1962 Twin Bridge Circle</i> Suite, Apt. #, etc. <i>Ocala</i>			3. Mailing Address Suite, Apt. #, etc.  		
City & State <i>Ocala, FL</i>			City & State  		
Zip <i>34471</i>		Country <i>USA</i>		Zip  	
Country  		4. FEI Number <b>59-2464920</b>			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>ANDREWS, R. JEFF</b> <b>2945 SW 32ND AVE</b> <b>OCALA, FL 34474</b>			7. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable) <i>1962 Twin Bridge Circle</i>  City <i>Ocala</i> <b>FL</b> Zip Code <i>34471</i>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>ANDREWS, R. JEFF</b> <b>2945 SW 32ND AVE</b> <b>OCALA, FL 34474</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 607, 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.					
<b>SIGNATURE:</b> <i>R. Jeff Andrews</i> <b>R. Jeff Andrews</b> <i>3/28/05</i> <i>3522377579</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					