

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H60679

FILED  
Jan 08, 2007  
Secretary of State

Entity Name: ANDREWS MANAGEMENT COMPANY

**Current Principal Place of Business:**

2290 SE LAUREL RUN DR  
OCALA, FL 34471 US

**New Principal Place of Business:**

**Current Mailing Address:**

2290 SE LAUREL RUN DR.  
OCALA, FL 34471 US

**New Mailing Address:**

FEI Number: 59-2537763

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ANDREWS, RICHARD L.  
2290 SE LAUREL RUN DR  
OCALA, FL 34471 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: PT ( ) Delete  
Name: ANDREWS, RICHARD L.,  
Address: 2290 S E LAUREL RUN DR  
City-St-Zip: Ocala, FL

Title: S ( ) Delete  
Name: ANDREWS, SCOTTY JOE,  
Address: 1239 S.E. 11TH STREET  
City-St-Zip: Ocala, FL

Title: V ( ) Delete  
Name: ANDREWS, R JEFF,  
Address: 645 SW 48TH ST RD  
City-St-Zip: Ocala, FL

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD L. ANDREWS

P

01/08/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date