

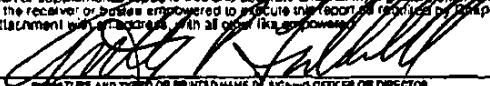
Mar. 31 2008 1:06PM Fracassi and Associate

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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FILED
May 14, 2008 8:00 am
Secretary of State

04-04-2008 90029 008 ***150.00

DOCUMENT # H90142			
1. Entity Name ANDEL IRON WORKS INCORPORATED			
Principal Place of Business 1021 N HIGHWAY 40 BARBERVILLE, FL 32105		Mailing Address 46 HYDRANGER LN DEBARY, FL 32713 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2814325		Applied For? ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TROCHLELL, ANTHONY P 46 HYDRANGEA LN DEBARY, FL 32713		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature of Agent or Person in Charge of Registered Office and Fee Application (NOTE: Registered Agent signature required when requesting) DATE _____			
FILE NOW!! FEB 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TROCHLELL ANTHONY P 46 HYDRANGEA LN DEBARY, FL 32713 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 after the same has 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 provided 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 employees.			
SIGNATURE: 		3/31/08 386916 0881	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	