

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # J02904

1. Entity Name
ANDREWS LABORATORIES AND PHARMACEUTICALS, INC.



Principal Place of Business
**% W. DAVID ANDREWS
1637 N.E. 36TH ST.
POMPANO BEACH, FL 33064**

Mailing Address
**% W. DAVID ANDREWS
1637 N.E. 36TH ST.
POMPANO BEACH, FL 33064**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2668142

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ANDREWS, W. DAVID
1637 N.E. 36TH ST.
POMPANO BEACH, FL 33064**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ANDREWS, W. DAVID
STREET ADDRESS	1637 N.E. 36TH ST.
CITY-ST-ZIP	POMPANO BEACH, FL
TITLE	D
NAME	ANDREWS, DONNA M.
STREET ADDRESS	1637 N.E. 36TH ST.
CITY-ST-ZIP	POMPANO BEACH, FL
TITLE	D
NAME	ANDREWS, DAVID LEO
STREET ADDRESS	1637 NE 36 ST
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/01/06-80011-006 158.75

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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 all other like empowered.

SIGNATURE: W. David Andrews 1/19/06 (954) 642-0920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #