

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
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.
POMPAÑO BEACH, FL 33064

Mailing Address

% W. DAVID ANDREWS
1637 N.E. 36TH ST.
POMPAÑO BEACH, FL 33064



01042007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2668142

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 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, 2007 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 PD ☐ Delete
NAME ANDREWS, W. DAVID
STREET ADDRESS 1637 N.E. 36TH ST.
CITY-ST-ZIP POMPAÑO BEACH, FL

TITLE ☐ Change ☐ Addition
NAME 000000727796
STREET ADDRESS 05/04/07-80055-022 150.00
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ANDREWS, DONNA M.
STREET ADDRESS 1637 N.E. 36TH ST.
CITY-ST-ZIP POMPAÑO BEACH, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ANDREWS, DAVID LEO
STREET ADDRESS 1637 NE 36 ST
CITY-ST-ZIP POMPAÑO BEACH, FL 33064

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 W. David Andrews

04/18/07

934-942-0920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #