

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # L75940

1. Entity Name
ANDREASEN INTERIORS INC.



Principal Place of Business
**10881 CROOKED RIVER ROAD
UNIT 103
BONITA SPRINGS, FL 34135 US**

Mailing Address
**PMB 331 SUITE 212
24600 S. TAMiami TR
BONITA SPRINGS, FL 34134 US**



01052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0193643	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LANGFORD, GEORGE P.
3357 TAMiami TR N
NAPLES, FL 33940**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U00000776190
01/09/08-80014-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ANDREASEN, JEFFREY R.
STREET ADDRESS	324 PINE STREET
CITY-ST-ZIP	DEERFIELD, IL 60015
TITLE	D
NAME	ANDREASEN, STEVEN M.
STREET ADDRESS	302 OAKWOOD ESTATES DR
CITY-ST-ZIP	ANDERSON, SC 29621
TITLE	D
NAME	ANDREASEN, ROBERT L.
STREET ADDRESS	PMB 331 SUITE 212, 24600 S. TAMiami TR.
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	D
NAME	ANDREASEN, RUTH C.
STREET ADDRESS	PMB 331, SUITE 212, 24600 S. TAMiami TR.
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

Robert L. Andreason
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/08
Date

(239) 495-0111
Daytime Phone #