

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # M76765

1. Entity Name
ANDROSE, INC.



Principal Place of Business

**15106 PORTS OF LONA DR
FORT MYERS, FL 33908 US**

Mailing Address

**MARCIA J ANDERSON
15106 PORTS OF LONA DR
FORT MYERS, FL 33908 US**



03252007 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0130901

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ANDERSEN, MARCIA J.
15106 PORTS OF IONA DR
FORT MYERS, FL 33908**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------|
| TITLE | P |
| NAME | ANDERSON, JAMES E. |
| STREET ADDRESS | 15106 PORTS OF IONA DR |
| CITY-ST-ZIP | FORT MYERS, FL 33908 |
| TITLE | T |
| NAME | ANDERSON, MARCIA J. |
| STREET ADDRESS | 15106 PORTS OF IONA DR |
| CITY-ST-ZIP | FORT MYERS, FL 33908 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 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.

Marcia J. Anderson, Treasurer *Marcia J. Anderson, Treasurer*