


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000099097</b> 1. Entity Name P.D. ANDREWS & CO. OF FLORIDA, INC.	
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Principal Place of Business 3229 S. JOHN YOUNG PARKWAY KISSIMMEE, FL 34746	Mailing Address 1955 BLACKFOOT TRL ST CLOUD, FL 34771
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**DO NOT WRITE IN THIS SPACE**



03192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3678884	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  HAYES, ROBERT S 441 W. VINE STREET KISSIMMEE, FL 34741	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	1100100131863 04/27/04-80024-018 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ANDREWS, PETER 1955 BLACKFOOT TRL KISSIMMEE, FL 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD JOHNSON, DON 2743 CARMEL COURT KISSIMMEE, FL 34746
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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 exemption stated in Section 119.07(3)(f), 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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: 4-21-04 (407) 957 6244 <small>Daytime Phone #</small>
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