

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000000146

1. Entity Name
ANDRES SERVICES, INC.



Principal Place of Business
**10641 SW HARTWICK DR.
PORT SAINT LUCIE, FL 34987**

Mailing Address
**10641 SW HARTWICK DR.
PORT SAINT LUCIE, FL 34987**



01262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1061190** Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

**ANDRES, JACQUELINE S
10641 SW HARTWICK DR
PORT SAINT LUCIE, FL 34987**

**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

000000625344
02/14/07-80072-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ANDRES, JACQUELINE S 10641 SW HARTWICK DR PORT SAINT LUCIE, FL 34987
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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:

Jacqueline S. Andres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/07
Date

Daytime Phone # _____