


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000079774</b>				
1. Entity Name <b>ANDREW'S REMODELING, INC.</b>				
Principal Place of Business <b>5837 WANDERING TRAIL JACKSONVILLE FL 32219</b>		Mailing Address <b>5837 WANDERING TRAIL JACKSONVILLE FL 32219</b>		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc		Suite, Apt. #, etc		
City & State		City & State		
Zip	Country	Zip	Country	



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent <b>ANDREWS, ED 5837 WANDERING TRAIL JACKSONVILLE FL 32219</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <i>[Signature]</i> DATE <b>1-22-04</b> <small>(Signature, typed or printed name of registered agent, and date applicable) (NOTE: Registered Agent signature required when reinstating)</small>			

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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 NAME STREET ADDRESS CITY - ST - ZIP	P ANDREWS, ED 5837 WANDERING TRAIL JACKSONVILLE FL 32219 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U00000016923 01/28/04-80076-001 150.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MATTHEWS, RUSSELL F 5837 WANDERING TRAIL JACKSONVILLE FL 32219 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WRIGHT, ROY 2240 MALUKE LANE MIDDLEBURG FL 32068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *[Signature]* DATE **1-22-04** DAYTIME PHONE # **904 746-3016**