

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90039 014 ***150.00

DOCUMENT # P01000088385

1. Entity Name
ANDREWS CONSULTING & DESIGN, INC.



Principal Place of Business

~~3315 TIMUCUA CIRCLE~~
~~ORLANDO, FL 32837~~

Mailing Address

~~3315 TIMUCUA CIRCLE~~
~~ORLANDO, FL 32837~~

24018487

2. Principal Place of Business

1465 SHADWEN CIRCLE

3. Mailing Address

P.O. BOX 950321

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03032004

Chg-P

CR2E034 (10/03)

City & State

HEATHROW, Florida

City & State

LAKE MARY, Florida

4. FEI Number

59-3726410

Applied For

Not Applicable

Zip

32746

Country

USA

Zip

32795

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~ANDREWS, MICHAEL L~~
~~3315 TIMUCUA CIRCLE~~
~~ORLANDO, FL 32837~~

SUSAN K. ANDREWS
1465 SHADWEN CIRCLE
HEATHROW, Florida 32746

7. Name and Address of New Registered Agent

SUSAN K. ANDREWS
Street Address (P.O. Box Number is Not Acceptable)
1465 SHADWEN CIRCLE

City **HEATHROW**

FL

Zip Code **32746**

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

Susan K. Andrews

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/10/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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** ☒ Delete
NAME **ANDREWS, MICHAEL L**
STREET ADDRESS **3315 TIMUCUA CIRCLE**
CITY-ST-ZIP **ORLANDO, FL 32837**

TITLE **V** ☐ Delete
NAME **ANDREWS, SUSAN**
STREET ADDRESS **3315 TIMUCUA CIRCLE**
CITY-ST-ZIP **ORLANDO, FL 32837**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President + CEO** ☒ Change ☐ Addition
NAME **SUSAN K. ANDREWS**
STREET ADDRESS **1465 SHADWEN CIRCLE**
CITY-ST-ZIP **HEATHROW, FLORIDA 32746**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Susan K. Andrews

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/04

DATE

407-973-2413

Daytime Phone #