2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

	ANNUAL F	REPORT (AR	<u> </u>						
DOCUMENT # P01000120666					2	FILED			
1. Entity Nam		·						_	
ANDNIC,	INC.					05 JUL -	-5 AM 10: 4	0	
Principal Place	ee of Business	Mailing Address		-		SLUKUÍÁ	ARY OF STAT	TE.	
33246 SOMERSET DR		33246 SOMERSET DR				5-05 900U	SSEE, FLOR	IDA .	
LEESBURG	FL 34788	LEESBURG FL 34788			01-2	5-05 900U	18 051 J	\$ 150 D	
2 Principal C	Place of Business	O Nation Address							
		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1:	1st MOORE CR2E034 (10/04)				
City & State		City & State		4. FEI Numb	Der 60-000770	<u> </u>	oplied For		
Zip Country		Zip Co		тy	F. Cortificat		\$8.75 ad	ot Applicable ditional	
	6. Name and Address of Currer	of Registered Agent	 			e of Status Desired d Address of New Regist	Fee Require	d .	
				Name	7. Name an	d Address of New Negist	IBIBO AGBIN		
CANAN, MICHAEL J 301 E PINE ST, STE 1400			}	Street Addre	ss (P.O. Box Numi	ber is Not Acceptable)			
ORLANDO FL 32801									
				City			Zip Cod	e	
8. The above	named entity submits this statement	for the purpose of changing its	s registere	d office or reg	istered agent, or b	oth, in the State of Florida.	FL Zip Cod	and accept	
the obligat	tions of registered agent.		•				,		
SIGNATURE	Signature, typed or printed name of registered age	ini and title if applicable. (NO	TE Registered	! Ageni signature rec	quired when reinstating)	· .	DATE		
F	TLE NOW!!! FEE IS \$150.00			-		T			
After Make Chec	May 1, 2005 Fee Will Be \$550 (k Payable to Florida Department	00 of State				Election Campaign F Trust Fund Contribut		.00 May Be ed to Fees	
10.	A STATE OF THE PROPERTY OF THE	D DIRECTORS	11.		ADDITIONS	 S/CHANGES TO OFFICER	S AND DIRECTOR	S IN 11	
TITLE NAME	DP	☐ Delete .	TITLE	l l			☐ Change	Addition	
STREET ADDRESS	BERG, FORREST 33246 SOMERSET DR		NAME STREE	ET ADDRESS		·			
CITY-ST-ZIP	LEESBURG FL 34788			ST-ZIP					
TITLE NAME	DST BERG, CAROL	☐ Delete	TITLE NAME	L			☐ Change	Addition	
STREET ADDRESS	33246 SOMERSET DR			T ADDRESS					
CITY-ST-ZIP	LEESBURG FL 34788		CITY-	ST-ZIP					
NAME	_	Delete	TITLE NAME			•	Change	Addition Addition	
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP	·		—- —	ST-ZIP					
NAME		Delete	TITLE	I .	101		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREE	ET ADDRESS	みりかい				
TITLE		• Defete	TITLE	ST-ZIP	11.				
NAME		□ Delete	NAME	I .	þ		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	:			ET ADDRESS	1				
TITLE		☐ Detete	TITLE	ST- ZIP			☐ Change	☐ Addition	
NAME CLOCKLAPPORTS	·		NAME	:			□ cuange		
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST- ZIP					
12. hereby	certify that the information supplied w	ith this filing does not qualify for		- 1	n Section 119.07/3	Vi) Florida Statutae I furth	or cortify that the i-	ptormation	

2. Thereby dealth 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:

CACAL DECE DE LE DESIGNING DÉFICER OR DIRI

1-2-0-05

352-787-1787