

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2004 8:00 am
Secretary of State

04-26-2004 90577 013 ***150.00

DOCUMENT # P02000048082

1. Entity Name
ANDECOR RENOVATORS, INC.



Principal Place of Business
**6210 SHIRLEY ST
STE 106
NAPLES, FL 34109-6258**

Mailing Address
**6210 SHIRLEY ST
STE 106
NAPLES, FL 34109-6258**

66421769



04162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3660076	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ANDERSON, HEATHER K
1010 SMALL ISLE BLVD NE
SAINT PETERSBURG, FL 33704**

**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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, HEATHER K 1010 SMALL ISLE BLVD NE ST PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAMMEMILLER, RICHARD J 329 BAYVIEW DR NE ST PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DAMMEMILLER, CHRISTINE M 329 BAYVIEW DR NE ST PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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)(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: _____

Heather Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR

5/10/04
DATE

Daytime Phone # _____