


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90173 022 ***150.00

DOCUMENT # P02000048082		
1. Entity Name ANDECOR RENOVATORS, INC.		

Principal Place of Business 1330 RALHEAD BLVD 3 NAPLES, FL 34110 US	Mailing Address P.O. BOX 111043 NAPLES, FL 34108 US
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60032905



2. Principal Place of Business - No P.O. Box # 17050 ALICO COMMERCE CT Suite, Apt. #, etc. S	3. Mailing Address Suite, Apt. #, etc.
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04212008 Chg-P CR2E034 (12/06)

City & State FORT MYERS	City & State	4. FEI Number 04-3660076	Applied For Not Applicable
Zip 33967	Country USA	Zip	Country

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

6. Name and Address of Current Registered Agent ANDERSON, HEATHER K 1330 RALHEAD BLVD #3 NAPLES, FL 34110		7. Name and Address of New Registered Agent Name HEATHER K ANDERSON Street Address (P.O. Box Number is Not Acceptable) 17050 ALICO COMMERCE COURT #5 City FORT MYERS FL Zip Code 33967	
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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 Heather Anderson DATE 4/28/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, HEATHER K 1330 RALHEAD BLVD NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17050 ALICO COMMERCE COURT #5 FORT MYERS, FL 33967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDERSON, HEATHER 1330 RALHEAD BLVD NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17050 ALICO COMMERCE COURT #5 FORT MYERS, FL 33967
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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 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: Heather Anderson DATE 4/28/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR