

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000048082

**FILED**  
**Aug 28, 2012**  
**Secretary of State**

**Entity Name:** ANDECOR RENOVATORS, INC.

**Current Principal Place of Business:**

3 RETREAT PLACE  
RETREAT VILLAGE  
SAINT SIMONS ISLAND, GA 31522 US

**New Principal Place of Business:**

**Current Mailing Address:**

120 N. WINDWARD DRIVE  
SAINT SIMONS ISLAND, GA 31522 US

**New Mailing Address:**

**FEI Number:** 04-3660076

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DELAMARTER, JAMES D MR.  
4080 24TH AVENUE NE  
NAPLES, FL 34120 US

**Name and Address of New Registered Agent:**

DELAMARTER, JAMES D MR.  
120 N. WINDWARD DRIVE  
SAINT SIMONS ISLAND, FL 31522 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

08/28/2012

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: JAMES D. DELAMARTER  
Address: 4080 24TH AVENUE NE  
City-St-Zip: NAPLES, FL 34120 US

Title: VD  
Name: DELAMARTER, JAMES D  
Address: 4080 24TH AVENUE NE  
City-St-Zip: NAPLES, FL 34120 US

Title: STD  
Name: JAMES D. DELAMARTER  
Address: 4080 24TH AVENUE NE  
City-St-Zip: NAPLES, FL 34120

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES D. DELAMARTER

PRES

08/28/2012

Electronic Signature of Signing Officer or Director

Date