


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90138 032 ***150.00

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

DO NOT WRITE IN THIS SPACE

10033271

2. Principal Place of Business 6210 SHIRLEY ST.	3. Mailing Address 6210 SHIRLEY ST.
Suite, Apt. #, etc. SUITE 106	Suite, Apt. #, etc. SUITE 106
City & State NAPLES, FL	City & State NAPLES, FL
Zip 34109-6258 Country USA	Zip 34109-6258 Country USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 04-3660076		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name HEATHER K. ANDERSON Street Address (P.O. Box Number is Not Acceptable) 1010 SMALL ISLE BLVD., N.E. City ST. PETERSBURG FL Zip Code 33704		

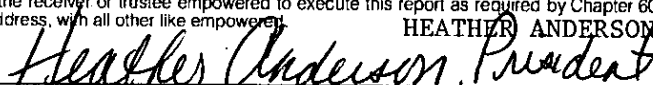
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **HEATHER K. ANDERSON, PRES** **DATE** 2/25/03

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Heather K. Anderson 1010 Small Isle Blvd., N.E. St. Petersburg, FL. 33704	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Richard J. Dannenmiller 329 Bayview Dr. N.E. St. Petersburg, FL. 33704	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D Christine M. Dannenmiller 329 Bayview Dr., N.E. 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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowerment.

SIGNATURE:  **HEATHER ANDERSON** **DATE** 2/13/03 **239-598-2426**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)