


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90241 038 \*\*\*150.00

<b>DOCUMENT # P02000061487</b>					
<b>1. Entity Name</b> ANDREWS APPRAISAL SERVICE, INC.					
<b>Principal Place of Business</b> 2484 FAWN RUN OVIEDO, FL 32765			<b>Mailing Address</b> 2484 FAWN RUN OVIEDO, FL 32765		
<b>2. Principal Place of Business - No P.O. Box #</b> 11 E. Hazel Street Suite, Apt. #, etc.		<b>3. Mailing Address</b> 11 E. Hazel Street Suite, Apt. #, etc.			
<b>City &amp; State</b> Orlando, FL Zip 32804 Country USA		<b>City &amp; State</b> Orlando, FL Zip 32804 Country USA		<b>4. FEI Number</b> 81-0557988	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
<b>6. Name and Address of Current Registered Agent</b> ANDREWS, STEPHANIE 2484 FAWN RUN OVIEDO, FL 32765			<b>7. Name and Address of New Registered Agent</b> Name: Stephanie Andrews Street Address (P.O. Box Number is Not Acceptable): 11 E. Hazel Street City: Orlando FL Zip Code: 32804		
<b>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.</b> SIGNATURE: <u>Stephanie Andrews</u> DATE: <u>2/28/2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDREWS, STEPHANIE <input type="checkbox"/> Delete 2484 FAWN RUN OVIEDO, FL 32765				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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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"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11 E. Hazel Street <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Orlando, FL 32804				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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.</b>					
<b>SIGNATURE:</b> <u>Stephanie Andrews</u> <u>2/28/07</u> <u>(407)427-0157</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> Stephanie Andrews, President					