

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90086 026 \*\*\*150.00

**DOCUMENT # P03000110808**

1. Entity Name  
**ANDREWS PLUMBING AND ELECTRICAL, INC.**



Principal Place of Business  
**4494 STATE HWY 83 N.  
DEFUNIAK SPRINGS, FL 32433 US**

Mailing Address  
**P. O. BOX 295  
DEFUNIAK SPRINGS, FL 32433 US**

**50013301**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

04122006 Chg-P CR2E034 (11/05)

4. FEI Number  
**54-2128449**

Applied For  
Not Applicable

Zip Country

Zip Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**ANDREWS, ROBERT C JR  
4494 STATE HWY 83 N  
DEFUNIAK SPGS, FL 32433**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **P** ☐ Delete  
NAME **ANDREWS, ROBERT C JR**  
STREET ADDRESS **4494 STATE HWY 83 N**  
CITY-ST-ZIP **DEFUNIAK SPGS, FL 32433**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **ANDREWS, ROBERT C III**  
STREET ADDRESS **4494 STATE HWY 83 N**  
CITY-ST-ZIP **DEFUNIAK SPGS, FL 32433**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **ANDREWS, RODNEY**  
STREET ADDRESS **948 WOODYARD RD**  
CITY-ST-ZIP **DEFUNIAK SPGS, FL 32435**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SEC** ☒ Delete  
NAME **ANDREWS, PEGGY**  
STREET ADDRESS **4494 STATE HWY 83 N**  
CITY-ST-ZIP **DEFUNIAK SPGS, FL 32433**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Robert Andrews*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #