

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2008 08:00 A
Secretary of State

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



02212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

54-2128449

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

Robert C. Andrews Jr.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/4/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 C. Andrews Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/08
Date

892-2369
Daytime Phone #