

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90054 048 \*\*\*150.00

DOCUMENT # P03000124739

1. Entity Name  
ANDO CARPENTRY, INC.



Principal Place of Business  
967 SEBASTIAN BOULEVARD  
UNIT E  
SEBASTIAN, FL 32958

Mailing Address  
967 SEBASTIAN BOULEVARD  
UNIT E  
SEBASTIAN, FL 32958

2. Principal Place of Business - No P.O. Box #

361 Delmonte Rd

Suite, Apt. #, etc.

Unit B

City & State

Sebastian FL

Zip

32958

Country

Indian River

3. Mailing Address

361 Delmonte Rd

Suite, Apt. #, etc.

Unit B

City & State

Sebastian FL

Zip

32958

Country

Indian River



01292007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-0505974

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~DORAWA, CHERYL~~  
~~967 SEBASTIAN BOULEVARD~~  
~~UNIT E~~  
~~SEBASTIAN, FL 32958~~

N/A

7. Name and Address of New Registered Agent

Name

Andre Dorawa

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

361 Delmonte Rd

Unit B

City

Sebastian

FL

Zip Code

32958

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME DORAWA, ANDRE M  
STREET ADDRESS 361 DEL MONTE RD UNIT B  
CITY-ST-ZIP SEBASTIAN, FL 32958

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
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:

*Andre Dorawa*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/07  
Date

772 475 2516  
Daytime Phone #