2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000028254

1. Entity Name

ANDREW'S CONTRACTING, INC.



FILED Mar 16, 2006 08:00 AM Secretary of State

Principal Place of Business

Mairing Address

DO NOT WRITE IN THIS SPACE

1500 BEVILLE RD APT 606 #180 DAYTONA BEACH, FL 32114-5644 1500 BEVILLE RD APT 606 #180 DAYTONA BEACH, FL 32114-5644



01072008

No Chg-P

CR2E034 (11/05)

4. FEI Number 83-0388827 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

CAMPBELL, ANDREW 1500 BEVILLE RD APT 606 #180 DAYTONA BEACH, FL 32114-5644

DO NOT WRITE IN THIS SPACE

IN TINO OF AGE							
8. The above	e named entity submits this statement for the p	purpose of changing its registers	ed office or re	edistered agent, or bo	oth, in the State of Flor	lda. I am familia:	with, and accept
	tions of registered agent.	or process arranging no regions		gratered agern, er et	and an area of the or the	Taria de Compo	renty area assesses
SIGNATURE.	Signature, typed or grinted name of registered agent and title	if epolicable. (NOTE: Registered	i Agent signature	required when reinstating)		DATE	
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 8. Election Campaign Finan Trust Fund Contribution.				\$5.00 May Be Added to Fees	03/28/06-8	70563 :0019- 008	150.00
10.	OFFICERS AND DIREC	CTORS			:=:::::::::::::::::::::::::::::::::::		
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TITLE NAME STREET ACCRESS 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							

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 cath, 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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED HAME, OF SIGNING OFFICER OR DIRECTOR

3/13/06

828 454-6148

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