2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000066623

1. Entity Name
ANDOVER SECURITIES CORP.

Principal Place of Business
6319 BRANDON ST
PALM BEACH GARDENS, FL 33418

Mailing Address
6319 BRANDON ST
PALM BEACH GARDENS, FL 33418

DO NOT WRITE IN THIS SPACE

03062006 No Chg-P CR2E034 (11/05)

4. FEI Number
04-2650257

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WINER, ROBERT M
1160 KANE CONCOURSE STE 300
BAY HARBOR ISLANDS, FL 33154

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 ______________________________
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

TITLE	PD
NAME	WINER, MICHAEL D
STREET ADDRESS	6319 BRANDON ST
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	SD
NAME	WINER, MARILYN T
STREET ADDRESS	6319 BRANDON ST
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	VD
NAME	WINER, RICHARD S
STREET ADDRESS	24736 CALVERT ST
CITY-ST-ZIP	WOODLAND HILLS, CA 91367
TITLE	T
NAME	COMEAU, FRANCIE M
STREET ADDRESS	68 LAKEVIEW RD
CITY-ST-ZIP	FOXBORO, MA 02035
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000046244?
03/20/06-90030-014 150.00

DO NOT WRITE IN THIS SPACE

000000462032
03/21/06-80019-014 150.00

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: Francie M. Comeau Francie M. Comeau 3/06/06 (781) 762-2522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #