

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000078113

Entity Name: P D ANDREWS CORPORATION

FILED
Jun 23, 2005
Secretary of State

Current Principal Place of Business:

1955 BLACKFOOT TRAIL
ST CLOUD, FL 34771 US

New Principal Place of Business:

Current Mailing Address:

1955 BLACKFOOT TRAIL
ST CLOUD, FL 34771 US

New Mailing Address:

FEI Number: 20-1132076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDREWS, PETER D
1955 BLACKFOOT TRAIL
ST CLOUD, FL 34771 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ANDREWS, PETER D
Address: 1955 BLACKFOOT TRAIL
City-St-Zip: ST CLOUD, FL 34771 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: ANDREWS, PETER D MR
Address: 1955 BLACKFOOT TRAIL
City-St-Zip: SAINT CLOUD, FL 34771 US

Title: VTD () Change (X) Addition
Name: ANDREWS, CAROL A MRS
Address: 1955 BLACKFOOT TRAIL
City-St-Zip: SAINT CLOUD, FL 34771 US

Title: D () Change (X) Addition
Name: SIBUN, PETER J MR
Address: 9090 RICHMOND ROAD
City-St-Zip: SAINT CLOUD, FL 34773 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER DAVID ANDREWS

P

06/23/2005

Electronic Signature of Signing Officer or Director

Date