


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

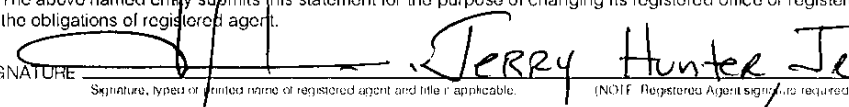
FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90009 020 ***150.00

DOCUMENT # P04000144368					
1. Entity Name ANDREWS BUILDERS, INC.					
Principal Place of Business 2304 NORTH "E" STREET PENSACOLA FL 32501			Mailing Address 2304 NORTH "E" STREET PENSACOLA FL 32501		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0011223	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent HUNTER, JERRY JR 1700 FIREARM DRIVE PENSACOLA FL 32505				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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  Jerry Hunter Jr 2-4-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOT if Registered Agent signature required when reinstating.) DATE</small>					

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDREWS, CHARLES R			NAME			
STREET ADDRESS	2322 NORTH "E" STREET			STREET ADDRESS			
CITY- ST- ZIP	PENSACOLA FL 32501			CITY- ST- ZIP			
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUNTER, JERRY			NAME			
STREET ADDRESS	1822 ST. CATHERINE AVE.			STREET ADDRESS			
CITY- ST- ZIP	PENSACOLA FL 32601-1046			CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	LYNDROS L. William Director		
STREET ADDRESS				STREET ADDRESS	705 Baker street		
CITY- ST- ZIP				CITY- ST- ZIP	Pensacola, FL 32505		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **CFO-Jerry Hunter Jr** 2-4-07 850 438-3175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #