

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P04000168999**

1. Entity Name  
**WILLIAM ANDREW & SONS, INC.**



Principal Place of Business  
**3316 196TH TERRACE  
WELLBORN, FL 32094 US**

Mailing Address  
**3316-196 TERRACE  
WELLBORN, FL 32094 US**



03242007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-2187005</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ANDREW, WILLIAM F  
3316 196TH TERRACE  
WELLBORN, FL 32094**

**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 fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**3/24/07**

**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	P
NAME	ANDREW, WILLIAM F
STREET ADDRESS	3316 196TH TERRACE
CITY - ST - ZIP	WELLBORN, FL 32094

TITLE	VP
NAME	JASON, ADAMS K
STREET ADDRESS	3316 196TH TERRACE
CITY - ST - ZIP	WELLBORN, FL 32094

TITLE	SEC
NAME	BILLY, ANDREW D
STREET ADDRESS	3316 196TH TERRACE
CITY - ST - ZIP	WELLBORN, FL 32094

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/24/07**

Date

Daytime Phone #