

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000009789

1. Entity Name  
ANDYRODDICK.COM, INC.



FILED

06 SEP 22 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1499 LAS CASAS ROAD  
BOCA RATON, FL 33486 US

Mailing Address

1499 LAS CASAS ROAD  
BOCA RATON, FL 33486 US

2. Principal Place of Business

5458 TOWN CENTER RD  
Suite, Apt. #, etc.  
#13

3. Mailing Address

140 SHERMANS MILL DRIVE  
Suite, Apt. #, etc.



08022006

Chg-P

CR2E034 (11/05)

City & State

BOCA RATON FL  
Zip  
33486

Country

USA

City & State

ENGLEWOOD TX  
Zip  
78025

Country

USA

4. FEI Number

20-2184438

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RODDICK, JERRY  
1499 LAS CASAS ROAD  
BOCA RATON, FL 33486

7. Name and Address of New Registered Agent

Name  
JAMES MULLIN  
Street Address (P.O. Box Number is Not Acceptable)  
500 NE 5TH AVE  
City  
DELRAY BEACH FL Zip Code  
33483

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  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
RODDICK, ANDREW S  
1499 LAS CASAS ROAD  
BOCA RATON, FL 33486 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
RODDICK, JERRY  
1499 LAS CASAS ROAD  
BOCA RATON, FL 33486 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TRES  
RODDICK, BLANCHE  
1499 LAS CASAS ROAD  
BOCA RATON, FL 33486 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
140 SHERMANS MILL DRIVE  
ENGLEWOOD, TX 78025

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
140 SHERMANS MILL DRIVE  
ENGLEWOOD, TX 78025

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
140 SHERMANS MILL DRIVE  
ENGLEWOOD, TX 78025

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
100080269981  
09/28/06--01063--018 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

Date

Daytime Phone #

*[Signature]* 9/5/06 561-702-5360