

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000082505

**Entity Name:** ANDREWS BOWEN, INC.

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1701 SW 60 AVENUE  
OCALA, FL 34474 US

**New Principal Place of Business:**

**Current Mailing Address:**

334 NW 3RD AVENUE  
OCALA, FL 34475 US

**New Mailing Address:**

**FEI Number:** 26-0572249

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAINES, TIM D  
125 NE 1ST AVENUE, SUITE 1  
OCALA, FL 34470 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ANDREWS, DAVID  
Address: THE PADDOCK, BACK LANE, GREENHALGH,  
City-St-Zip: ENGLAND PR4 3HP, OC

Title: D  
Name: BOWEN, SIMON G  
Address: 16 CONISTON AVE, HAMBLETON, POULTON  
City-St-Zip: BLACKPOOL, LANCASHIRE ENGLAND,

I hereby 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 all other like empowered.

SIGNATURE: SIMON BOWEN

MR

02/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date