


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90690 018 ***150.00

DOCUMENT # P93000033350	
1. Entity Name THE ANDERT CORPORATION	

Principal Place of Business 4102 A1A SO ST. AUGUSTINE FL 32080 US	Mailing Address 1014 PRINCE ROAD ST AUGUSTINE FL 32086
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2. Principal Place of Business	3. Mailing Address 4102 AIA SO.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ST. AUGUSTINE, FL	City & State ST. AUGUSTINE, FL
Zip 32080	Country USA

4. FEI Number 59-3180790	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ANDERT MARILYN L. 1014 PRINCE RD ST. AUGUSTINE FL 32086	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	4102 AIA SO.
City	ST. AUGUSTINE FL
Zip Code	32080

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERT, MARILYN 1014 PRINCE ROAD ST AUGUSTINE FL 32086
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MARILYN ANDERT 4102 AIA SOUTH ST. AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Marilyn L. Andert **MARILYN L. ANDERT** 4-29-04 904-461-4122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #